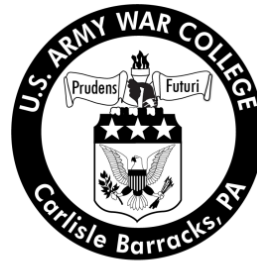


Insanity: Four Decades of U.S. Counterdrug Strategy

by

Mr. Michael F. Walther
United States Department of Justice

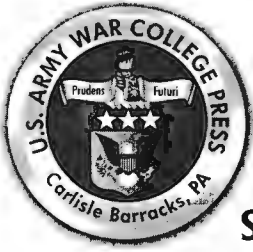


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ERRATA for

INSANITY: FOUR DECADES OF U.S. COUNTERDRUG STRATEGY

Lieutenant Colonel Michael F. Walther

Replace the following paragraph on page 8:

While reasonable men and women can argue how best to measure success and failure in the war on drugs, it is clear that the **demand**-reduction strategy of the Reagan administration failed. The magnitude of the drug problem was at least as great when Reagan left office as when he entered it.⁹⁹ In the words of one drug policy writer:

with the following paragraph:

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INSANITY: FOUR DECADES OF U.S. COUNTERDRUG STRATEGY

by

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ABSTRACT

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In the four decades since President Nixon first declared war on drugs the U.S. counterdrug strategy has remained virtually unchanged – favoring supply-reduction, law enforcement and criminal sanctions over demand-reduction, treatment and education. While the annual counterdrug budget has ballooned from \$100 million to \$25 billion, drug availability of most illicit drugs remains at an all-time high. The human cost is staggering – nearly 40,000 drug-related deaths in the U.S. annually. The societal impact, in purely economic terms, is now estimated to be approximately \$200 billion per year. And the global illicit drug industry now accounts for 1 percent of all commerce on the planet – approximately \$320 billion annually. Legalization is almost certainly not the answer; however, an objective analysis of available data confirms that: 1) the U.S. has pursued essentially the same flawed supply-reduction strategy for forty years; and 2) simply increasing the amount of money invested each year in this strategy will not make it successful. Faced with impending budget cuts and a future of budget austerity, policymakers must replace the longstanding U.S. counterdrug strategy with a pragmatic, science-based, demand-reduction strategy that offers some prospect of reducing the economic and societal impacts of illicit drugs on American society.

INSANITY: FOUR DECADES OF U.S. COUNTERDRUG STRATEGY

The definition of insanity is doing the same thing over and over again
and expecting different results.

Albert Einstein¹

For nearly two centuries, North America was “a dope fiend’s paradise.”²

American colonists and their native predecessors came to rely upon derivatives of natural substances to cure ailments, increase sexual potency, relieve pain, and provide pleasure.³ By the early-1800s, a burgeoning patent medicine industry advertised preparations containing large quantities of opium;⁴ in 1844, cocaine was first isolated in pure form from coca leaves;⁵ in 1874, heroin was synthesized and recommended as more effective, and less dangerous and addicting, than morphine;⁶ and amphetamines were first synthesized in 1887.⁷ Most Americans know little of their nation’s antebellum drug history, i.e., the 200 years that preceded the war on drugs, and nearly all are unaware that drugs were legal for most of that period.

However, late in the nineteenth century, a nascent drug prohibition movement began to develop.⁸ Before long, a combination of evangelical prohibitionists and progressive era reformers mounted a successful campaign for the first federal anti-narcotics legislation.⁹ The Harrison Act,¹⁰ passed in 1914, became the basis for narcotic regulation over the next half century.¹¹ In 1918, three years after the Act went into effect, a Congressional study found that the use of drugs – narcotics as well as cocaine – had actually increased.¹²

On January 1, 1932, the Treasury Department's newly-formed Federal Bureau of Narcotics (FBN) assumed responsibility for the enforcement of federal drug laws. The

FBN's first director, Harry Anslinger has been described as "the personification of the antinarcotic regime."¹³ Over the course of 30 years and five administrations, he championed a punitive drug policy that today, more than a half-century later, still serves as the foundation of our prohibitionist drug strategy.¹⁴

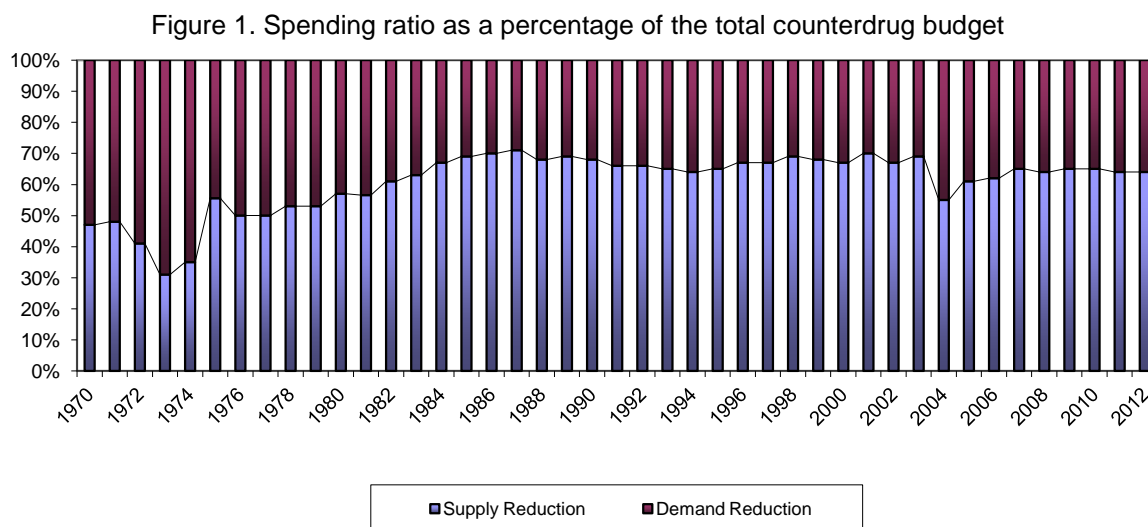
Our national drug strategy has essentially always been two-dimensional: supply-reduction (controlling the supply of drugs through legislation, law enforcement, interdiction, prosecution, and incarceration); and demand-reduction (reducing the demand for drugs through education, prevention and treatment).¹⁵ Although perhaps oversimplified, the distinction between supply and demand programs has framed much of the drug policy debate in America over the last 40 years.¹⁶ Every administration has advocated a "balanced" approach incorporating both supply-reduction and demand-reduction programs. However, the distribution of resources, i.e., the supply/demand split, has become "the metric for the debate."¹⁷ Thus, accurate analysis of any Administration's drug strategy requires we ignore the rhetoric and "follow the money."¹⁸

Soon after his inauguration, President Nixon unveiled the first, comprehensive, national strategy aimed at reducing drug abuse and ameliorating its harmful effects. The early emphasis was on treatment and rehabilitation, and budget expenditures between 1970 and 1974 included dramatic increases with a spending distribution that disproportionately favored demand-reduction over enforcement.¹⁹ The 1973 drug budget marked the high-water mark for demand-reduction funding – approximately 70% of the total counterdrug budget.²⁰

Was the Nixon approach favoring demand-reduction effective? If results are measured by falling crime rates in major cities, large-scale successful treatment of

addicts, and a reduction in the availability of illicit drugs, the answer is almost certainly “yes.”²¹ However, the 1972 reelection campaign and the Watergate scandal marked a turning point in the Nixon strategy.²² Despite evidence that a balance between law enforcement and demand-reduction could be effective, the need to be seen as “tough-on-crime” allowed politics to trump a well-reasoned public policy and a strategy based on science-driven methodologies.²³ Future drug budgets would reflect this shift in strategy.

The percentage of resources allocated to demand-reduction declined steadily after 1973.²⁴ By the end of the Ford administration, federal drug spending was nearly evenly divided between supply-reduction and demand-reduction, and remained that way through the Carter administration.²⁵ The Reagan administration and the drug strategies of the 1980s shifted the emphasis even further toward supply-reduction and “took a far more punitive approach toward drug use.”²⁶ The allocation of the federal drug budget reflected this change in policy. The spending balance ultimately became two-thirds for supply-reduction and one-third for demand-reduction and, as detailed herein, that ratio has essentially remained unchanged.



Over the last 40 years, the federal counterdrug budget has ballooned from \$100 million to \$25 billion.²⁷ Yet the availability of most illicit drugs remains at an all-time high, and the United States has an estimated ten times as many hard-core users as it did in 1969.²⁸ The global illicit drug industry now accounts for 1 percent of all commerce on the planet – about \$320 billion annually.²⁹ An estimated 40,000 American die each year from drug-related causes; another 500,000 Americans are incarcerated for non-violent, drug-related crimes;³⁰ and, in purely economic terms, the cost of illicit drug use is nearly \$200 billion per year.³¹ Yet we continue to pursue the same failing strategy – favoring supply-reduction over demand-reduction – while expecting different results.

The U.S. counterdrug strategy – its focus on supply-reduction largely unchanged over the last four decades – has been an abject failure. The current drug czar, Gil Kerlikowske, has conceded as much:

In the grand scheme, it has not been successful. . . . Forty years later, the concern about drugs and drug problems is, if anything, magnified, intensified.³²

Meanwhile, research (and history³³) have shown that demand-reduction programs are “very effective in reducing drug demand, saving lives, and lessening health and crime consequences.”³⁴ Moreover, demand-reduction programs make economic sense.

Eradication of drugs in source countries and interdiction on the high seas is expensive and has had little effect on drug availability.³⁵ In general, law enforcement efforts cost 15 times as much as treatment to achieve the same reduction in societal costs.³⁶

Whereas, every dollar spent on treatment saves taxpayers between \$7.46 and \$11.54.³⁷

Clearly, law enforcement and the criminal justice system must remain among the pillars of any new strategy. They are powerful tools of “coercion” to help users stop

abusing drugs and committing drug-related crime. Therefore, we must focus our efforts on those drugs which inherently pose greater risk to the individuals and to society lest we squander valuable law enforcement resources and escalate the economic and societal cost of imprisoning hundreds of thousands of Americans.

At the turn of the last century, Americans could generally buy cocaine, morphine, and heroin over the counter at any pharmacy.³⁸ Addiction rates ranged from 0.4% to 1.2% of the adult population.³⁹ Today, after 100 years of drug prohibition policies, an estimated 7 million Americans – approximately 2.3% of the adult population – are categorized with abuse or dependence on illicit drugs.⁴⁰

A brief review of the counterdrug policies pursued by each administration over the last 40 years demonstrates that a new, more pragmatic, strategic approach is clearly required – one that begins with an armistice in the war on drugs and a reallocation of spending toward demand-reduction programs that have proven more effective in reducing drug use and its damaging consequences.⁴¹

The Nixon and Ford Administrations: 1969-1977

This Administration has declared all-out, global war
on the drug menace.

Richard M. Nixon⁴²

The 1968 Presidential election was conducted against a backdrop that included the assassinations of civil rights leader Martin Luther King, Jr., and presidential candidate Robert F. Kennedy; race riots in major cities across the country; widespread, violent demonstrations against the Vietnam War; and a growing epidemic of drug use among America's youth.⁴³ Troubling accounts of drug abuse by servicemen in

Southeast Asia filled the media,⁴⁴ along with reports of escalating drug-related crime in major urban centers.⁴⁵

Former Vice President Nixon won the election following a campaign that promised to restore law and order to the nation's cities. In a special message to Congress on July 14, 1969, Nixon declared the abuse of drugs "a serious national threat to the personal health and safety of millions of Americans."⁴⁶ Citing narcotics as "a primary cause of the enormous increase in street crimes over the last decade," Nixon's counterdrug strategy combined enhanced criminal penalties, interdiction, education, research, and rehabilitation.⁴⁷

Nixon remained "viscerally opposed to drugs"⁴⁸ and refused any suggestion of legalization.⁴⁹ However, the center of gravity of his strategy was clearly demand-reduction.⁵⁰ The best evidence of this is the drug program budget, which increased from \$81.3m in FY 1969 to \$783.6m in FY 1973, with two-thirds of the new resources allocated to treatment and only one-third to law enforcement.⁵¹ His appointment of an addiction-treatment specialist, Dr. Jerome Jaffe, as Director of the White House Special Action Office of Drug Abuse Prevention (SAODAP), and his legislative agenda further demonstrated his administration's commitment to a demand-reduction strategy.⁵²

On June 17, 1971, Nixon officially declared the "War on Drugs."⁵³ Yet, despite the "get-tough" rhetoric, demand-reduction remained the strategic focus throughout his first term. Ever the pragmatist, Nixon recognized that "the laws of supply and demand function in the illegal drug business as in any other," and that the best prospect for success lay in demand-reduction and treatment programs.⁵⁴ For the first – and only –

time in the history of the War on Drugs, more federal funding was designated for prevention and treatment than for law enforcement.⁵⁵

FY	\$ Supply Reduction (Millions)	%	\$ Demand Reduction (Millions)	%
1970 ⁵⁶	53	47	59	53
1971 ⁵⁷	82	48	89	52
1972 ⁵⁸	164	41	239	59
1973 ⁵⁹	214	31	466	69
1974 ⁶⁰	278	35	510	65

The Nixon Drug Spending Record

- FY 1970 represented a 50% increase in the overall drug budget from FY 1969
- Spending on demand-reduction consistently exceeded spending on supply-reduction
- 1973 was the high-water mark for demand-reduction spending (as a percentage of the total counterdrug budget)

During Nixon's first term, new prevention strategies and data collection tools were introduced and innovative substance abuse treatment, rehabilitation, and research were supported, and more funds were allocated for drug abuse prevention and treatment than for law enforcement. However, Nixon's abbreviated second term, which ended with his resignation on August 9, 1974, witnessed a clear shift in emphasis toward supply-reduction and enforcement.⁶¹

The national drug strategy saw little change during the Ford Administration. Like Nixon, Ford appointed a task force to assess the extent of drug abuse in America. And, like Nixon, he ignored its recommendation that "priority in federal counterdrug efforts be directed to those drugs which inherently pose greater risk to the individuals and to society."⁶² Smarting from criticism of the Nixon pardon and, hoping to gain support for his own election, it was politically inexpedient for Ford to appear "soft" on marijuana.⁶³

The Ford Administration's rhetoric called for a "balance [of] the law enforcement effort with the provision of humane and effective treatment for drug users."⁶⁴ However, overall growth of the drug budget slowed and the spending balance between supply-reduction and demand-reduction reached parity in 1976.⁶⁵

FY	\$ Supply Reduction (Millions)	%	\$ Demand Reduction (Millions)	%
1975 ⁶⁶	300	40	447	60
1976 ⁶⁷	362	50	367	50
1977 ⁶⁸	368	50	369	50

The Ford Drug Spending Record

- Overall growth of counterdrug budget slowed from Nixon era
- FY 1976 brought 10% decline in demand-reduction spending
- Spending between demand-reduction and supply-reduction reached parity

Unfortunately, parity in spending did not translate into a balanced counterdrug strategy – any more than an equal division of the DOD budget between the uniformed services would guarantee a balanced national defense strategy. Nevertheless, every politician wanted to be viewed as pro-law enforcement, and the "drug-abuse industrial complex"⁶⁹ soon became a powerful lobbying force, causing policy, strategy, and funding to tilt even further toward a supply-reduction orientation.

The Carter Administration: 1976-1980

Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself; and where they are, they should be changed.

Jimmy Carter⁷⁰

Jimmy Carter was inaugurated President on January 20, 1977, following a campaign that included calls to decriminalize the possession of small amounts of

marijuana. Drug abuse was no longer “public enemy number one.” It was merely “a serious social problem.”⁷¹

Carter appointed Dr. Peter Bourne to serve as Director of the newly-created Office on Drug Abuse Policy⁷² and, soon thereafter, consistent with his campaign pledge, proposed legislation to decriminalize federal penalties for possession of up to one ounce of marihuana.⁷³ Carter made a very clear distinction between marijuana and “hard drugs.”⁷⁴ Consistent with that view, he called for federal resources to be allocated “intelligently,” urging Congress to “revise our penalty structure where necessary to concentrate on the actions (and the drugs) that are the most dangerous.”⁷⁵

Whatever hopes Carter may have had for effecting meaningful changes in drug policy were dashed on July 19, 1978, by a *Washington Post* headline: “Carter Aide Signed Fake Quaalude Prescription.”⁷⁶ The story revealed that Dr. Bourne had written a prescription sedative for a fellow White House aide using a pseudonym to mask her identity.⁷⁷ The incident erupted into a major scandal when the *Washington Times* reported that Bourne had used cocaine and marijuana at a D.C. party 7 months earlier.⁷⁸ Bourne quickly resigned in disgrace and Carter retreated from drug-law reform for the rest of his embattled term.⁷⁹

In the area of demand-reduction, Carter called upon the National Institute on Drug Abuse (NIDA) to develop more programs for abusers of barbiturates and amphetamines, and supported rehabilitation and job-training programs for former heroin addicts. Like his predecessors, he frequently acknowledged the need for better coordination of federally sponsored research efforts on a variety of drugs, including opiates, alcohol, and tobacco, and expressed hope that this would save money and

“lead to greater scientific understanding of addiction problems.” However, in retrospect, it appears the Carter administration misjudged public and political support for any “softening” of the prohibitionist drug strategy.

Like his predecessors (and successors), Carter publicly supported international law enforcement efforts to eradicate drugs and dismantle international trafficking networks.⁸⁰ He promoted law enforcement programs calling for “swift and severe punishment” of drug traffickers, including easing restrictions on law enforcement access to tax records of suspected traffickers, the freezing of trafficker assets, and bail restrictions for major offenders.

FY	\$ Supply Reduction (Millions)	\$ Demand Reduction (Millions)	%
1978 ⁸¹	417	376	47
1979 ⁸²	470	415	47
1980 ⁸³	553	410	43
1981 ⁸⁴	860	672	43

The Carter Drug Spending Record

- Decline in demand-reduction spending that began in 1974 continued
- Decline in demand-reduction spending would eventually stabilize at \pm 33% during the Reagan administration

Carter’s drug strategy ultimately proved indistinguishable from that of Nixon and Ford. The decline in demand-reduction spending that began in 1973 continued and, in Carter’s last drug budget, the demand share stood at only 43%. The results of the strategy were also indistinguishable. By the end of Carter’s term illegal drugs were less-expensive, more-available, and more widely-used than on the day he was inaugurated.

The Reagan Administration: 1981-1989

We've taken down the surrender flag and run up the battle flag.
And we're going to win the war on drugs.

Ronald Reagan⁸⁵

"Government *is* the problem," was a slogan often repeated during the election campaign of Ronald Reagan. However, the underlying philosophy was not always practiced by his Presidential administration, particularly in the area of drug policy.⁸⁶ Oversight of drug policy became concentrated in the White House and the national drug strategy took a decidedly more supply-reduction approach, with an increased emphasis on law enforcement and increased military involvement in the war on drugs.⁸⁷

Although the White House announced another "new, more-balanced, and better-coordinated strategy" of supply-reduction and demand-reduction programs,⁸⁸ the 1980s saw the passage of four major antidrug bills increasing criminal sanctions for drug-related offenses.⁸⁹ As evidenced by budget distribution, demand-reduction programs were a low priority. Funding for law enforcement rose to three times that for abuse-prevention and treatment programs.⁹⁰

It was the age of "zero tolerance."⁹¹ Reagan shifted responsibility for the anti-drug effort from Health and Human Services to the Department of Justice.⁹² Oversight and funding of demand-reduction and treatment programs was largely left to the States and the private sector.⁹³ In 1984, First Lady Nancy Reagan's "Just Say No" anti-drug campaign became a centerpiece of the Reagan administration's demand-reduction effort.⁹⁴ In addition to "Just Say No," the Partnership for a Drug-Free America launched a similarly memorable television ad campaign in 1987 featuring a hot skillet, a raw egg, and the phrase, "This is your brain on drugs."⁹⁵

FY	\$ Supply Reduction (Millions)	%	\$ Demand Reduction (Millions)	%
1982 ⁹⁶	1,052	61	667	39
1983 ⁹⁷	1,259	63	738	37
1984 ⁹⁸	1,579	67	784	33
1985 ⁹⁹	1,896	69	855	31
1986 ¹⁰⁰	2,013	70	868	30
1987 ¹⁰¹	3,379	71	1,413	29
1988 ¹⁰²	3,225	68	1,483	32
1989 ¹⁰³	4,584	69	2,080	31

The Reagan Drug Spending Record

- FY 1982 included a 25% increase for supply-reduction over FY 1981 levels, but a 1% decrease in demand-reduction spending
- Demand-reduction spending steadily grew, reaching a maximum of 71% in FY 1987
- FY 1982 – FY 1989 witnessed the largest increases in the counterdrug budget over the last four decades
- In just 13 years (FY 1973 – FY 1986) the ratio of spending – demand-reduction versus supply-reduction – shifted from 70/30 to 30/70

Reagan gave Vice President Bush the drug portfolio and free rein to expand military and intelligence community involvement in the counterdrug effort.¹⁰⁴ In January 1982, in response to increasing drug violence in Miami – primary locus of cocaine smuggling at the time – Reagan created the “Vice President’s Task Force on South Florida,” which combined agents from DEA, Customs, FBI, ATF, IRS, Army and Navy to mobilize against drug traffickers.¹⁰⁵ To whatever extent the Administration’s supply-reduction efforts were successful, they also had unintended consequences.¹⁰⁶ The South Florida Drug Task Force’s successes led Colombian traffickers into partnerships with Mexican marijuana smugglers to move cocaine across the 2000 mile U.S.-Mexican border. As more and more cocaine entered the smuggling pipeline, prices fell. Between 1980 and 1988, the wholesale price of cocaine in the United States dropped from \$60,000 to \$10-15,000 per kilo.¹⁰⁷ The per-ounce price declined from over \$120 in early 1981 to just \$50 in late 1988.¹⁰⁸

By August 1986, Reagan was forced to admit that: "Despite our best efforts, illegal cocaine is coming into our country at alarming levels and 4 to 5 million people regularly use it."¹⁰⁹ In October 1986, Reagan signed the Anti Drug Abuse Act of 1986, appropriating \$1.7 billion to fight the drug crisis; however, only about 25% of that amount was dedicated to education and treatment.¹¹⁰ The bill's most consequential action was the creation of mandatory minimum penalties for drug offenses.¹¹¹

By the mid-80s, cocaine use had spread to middle-class and poor Americans, in part because it could be purchased in smaller and less expensive units. It was the beginning of the "crack epidemic."¹¹² Cocaine powder retailed for \$50-75 per gram, but crack could be sold in small vials for \$5 or less.¹¹³ It was powerfully addictive and began to devastate inner city neighborhoods.¹¹⁴

While reasonable men and women can argue how best to measure success and failure in the war on drugs, it is clear that the supply-reduction strategy of the Reagan administration failed. The magnitude of the drug problem was at least as great when Reagan left office as when he entered it.¹¹⁵ In the words of one drug-policy writer:

When Reagan came into office, marijuana was cheap and plentiful, cocaine was scarce and expensive, and AIDS was unknown. When Reagan left office, pot was expensive and hard to find, cocaine was cheap and plentiful, and AIDS had become a full-blown epidemic.¹¹⁶

The G.H.W. Bush Administration: 1989-1993

Take my word for it: This scourge will stop.

George H.W. Bush¹¹⁷

During his presidential campaign, Vice President Bush promoted an expansion of the supply-reduction strategy, declaring: "The logic is simple. The cheapest way to eradicate narcotics is to destroy them at their source...We need to wipe out crops

wherever they are grown and take out labs wherever they exist.”¹¹⁸ However, the strategy he outlined in the first prime time address of his presidency differed significantly from his campaign rhetoric.¹¹⁹ The primary focus, he announced, would be ending illicit drug use by Americans.¹²⁰

The George H.W. Bush Drug Spending Record

- Steady growth in overall counterdrug budget
- Decline in demand-reduction spending stabilized at $\pm 33\%$

Although not abandoning foreign eradication and interdiction efforts, Bush embraced a prohibitionist strategy employing measures designed to deter drug use by enhancing the punitive consequences of such use.

Bush’s Drug Czar, William Bennett, renewed the call for an all-out war on drugs – with more resources for police, more prosecutors, and more convictions.¹²¹ He also campaigned to make drug abuse socially unacceptable – an approach he called “denormalization.”¹²² This would be accomplished, Bennett argued, through a media campaign aimed at “deglamorizing” drug use and a legislative strategy aimed at denying drug abusers welfare and social services.¹²³ The workplace also became a new front in the war on drugs.¹²⁴ Despite a 20% increase in the overall federal drug budget between 1990 and 1993, the emphasis remained supply-reduction, maintaining a two-thirds to one-third ratio between supply reduction and demand reduction.¹²⁵

FY	\$ Supply Reduction (Millions)	%	\$ Demand Reduction (Millions)	%
1990 ¹²⁶	6,594	68	3,165	32
1991 ¹²⁷	7,263	66	3,695	34
1992 ¹²⁸	7,815	66	4,095	34
1993 ¹²⁹	7,957	65	4,214	35

As Vice President, Bush had orchestrated an expansion of the military's role in the drug war.¹³⁰ As President, he gave the Department of Defense increased responsibility for monitoring, detecting and intercepting illicit drug trafficking,¹³¹ quadrupling funding for military drug interdiction missions, military assets and counterdrug personnel.¹³² Nevertheless, despite the \$2.4 billion budgeted for it in Bush's initial proposal, the interdiction effort failed to have a meaningful impact on the drug supply.¹³³ In 1989, 181,000 pounds of cocaine was seized, compared to only 12,000 pounds in 1982.¹³⁴ However, this significant increase in seizures produced only a modest rise in wholesale prices, and no affect at all on street prices.¹³⁵ Between 1980 and 1989 the United States spent \$10 billion on interdiction, and successfully confiscated perhaps 10% of all cocaine entering into the country.¹³⁶

In his public rhetoric, Bush urged support for demand reduction programs; however, research to identify and develop more effective treatment regimens remained under-funded.¹³⁷ The "treatment gap" continued to grow.¹³⁸ In contrast to Nixon's commitment that "no addict should have to commit a crime because he can't get treatment,"¹³⁹ Drug Czar Bennett argued that facilities to treat only one-quarter of America's four million addicts was enough because two million could help themselves (without the help of a treatment facility) and the other million were lost causes.¹⁴⁰ The reality – ignored by Bennett and his successors – is that treatment is substantially less expensive than incarceration.¹⁴¹ Providing inpatient services to four million addicts would cost a maximum of \$60 billion annually, whereas holding them in jail would cost

\$100 billion annually.¹⁴² Incarceration is neither a cost efficient nor an effective strategy for America's drug problems.¹⁴³

As the Bush administration neared an end, more people were using drugs than when the war on drugs began, and the crime rate was higher than ever.¹⁴⁴ America's jails were bursting at the seams as drug arrests rose from 56,013 in 1985 to 94,490 in 1989, an increase of almost 69%.¹⁴⁵ Overcrowding meant shorter sentences,¹⁴⁶ and shorter sentences meant drug dealers and untreated drug abusers were soon back on the street fueling demand.¹⁴⁷

The Clinton Administration: 1993-2001

When I was in England, I experimented with marijuana a time or two,
and I didn't like it. I didn't inhale and never tried it again.

William J. Clinton¹⁴⁸

During his Presidential campaign, Governor Clinton raised the hopes of many advocates for a change in the national drug strategy by calling for treatment on demand, regardless of the cost.¹⁴⁹ When President Clinton took office in January 1992, specialists in academia, health care and law enforcement around the country expected immediate and significant changes in the way the Federal Government addressed the national drug problem.¹⁵⁰ Many were disappointed when, in the early days of the Clinton Administration, Illicit drug use was not given the prominence and visibility of the Reagan-Bush eras.¹⁵¹ More would be disappointed when electoral politics and the need to appear "tough" on drugs led Clinton to adopt the same strategy and budget policies as his predecessors.¹⁵²

It took fifteen months before Clinton finally nominated a drug advisor.¹⁵³ However, the choice he finally made seemed to presage a new and more balanced drug

strategy. Lee Brown had impeccable law enforcement credentials,¹⁵⁴ but was also viewed as an intellectual, with a PhD in Criminology from the University of California, Berkeley. Although Clinton raised the status of the drug czar to cabinet-level, he did little to enhance the prestige and nothing to enhance the authority of that office.¹⁵⁵

In 1993, Clinton presented a \$13.04 billion anti-drug budget that offered little change from the widely criticized approach followed by Presidents Reagan and Bush.¹⁵⁶ The budget designated \$8.30 billion for law enforcement and \$4.74 billion for rehabilitation and education – a proportional split of 63.66 percent to 36.34 percent – about one percent more for demand-reduction than Bush included in his last drug budget.¹⁵⁷ Overall, the Clinton budget proposal increased the funding of drug-enforcement efforts to four times what they had been under Ronald Reagan.¹⁵⁸

FY	\$ Supply Reduction (Millions)	%	\$ Demand Reduction (Millions)	%
1994 ¹⁵⁹	7,760	64	4,425	36
1995 ¹⁶⁰	8,560	65	4,692	35
1996 ¹⁶¹	9,013	67	4,441	33
1997 ¹⁶²	10,182	67	4,977	33
1998 ¹⁶³	11,106	69	4,991	31
1999 ¹⁶⁴	11,578	68	5,464	32
2000 ¹⁶⁵	12,387	67	6,067	33
2001 ¹⁶⁶	12,656	70	5,397	30

The Clinton Drug Spending Record

- Despite a steady growth in the overall counterdrug budget, the ratio of spending – supply-reduction/demand-reduction – remained \pm 66/33%
- Despite calls for treatment on demand, demand-reduction spending failed to match the rhetoric

Clinton's FY 1995 budget included increases of \$355 million for treatment of "chronic hard-core drug users" and \$191 million for "safe and drug-free school programs."¹⁶⁷ The budget provided additional funding to increase the availability of treatment services by 9 percent.¹⁶⁸ However, despite Clinton's campaign promises of "treatment on demand, regardless of the cost,"¹⁶⁹ it would still leave approximately 1 million hard-core users without access to rehabilitation.¹⁷⁰

The Clinton Administration introduced several initiatives designed to deter illicit drug use, including: Operation Safe Home,¹⁷¹ the National Violent Crime Initiative,¹⁷² and a program calling for drug testing of high school athletes.¹⁷³ However, when juvenile drug use continued to climb, and the rate of drug-related crimes increased throughout the country, administration critics demanded a more aggressive approach. Drug Czar Brown's tenure soon ended with his resignation on December 12, 1995.¹⁷⁴

Giving the war on drugs a more literal spin, Clinton named General Barry McCaffrey as drug czar during his State of the Union address in February 1996.¹⁷⁵ McCaffrey's appointment was confirmed by the Senate two days later without debate.¹⁷⁶ McCaffrey introduced the 1996 Drug Control Strategy, a ten-year strategy that again promised a balanced approach. Rather than "zero tolerance," it established a goal of returning America to "a 1960's level, pre-Vietnam era level of drug use."¹⁷⁷ However, despite a substantial increase to \$15.1 billion, the FY1997 drug budget continued the two-third/one-third ratios between supply and demand-reduction program funding.¹⁷⁸

The Clinton administration continued the international supply-reduction efforts begun under Bush. In July 2000, Congress approved an emergency supplemental assistance request for fiscal years 2000-2001 of \$1.32 billion, as part of "Plan

Colombia.”¹⁷⁹ In addition to funding the Colombian counter-narcotic effort, the aid would also be used to combat leftist guerrilla groups such as the Revolutionary Armed Forces of Colombia (FARC), who were also involved in narco-trafficking.¹⁸⁰

The Clinton Administration record on demand-reduction programs was, at best, mixed. The Behavioral Therapies Development Program, begun in 1994, broadened the scope of NIDA-supported behavioral research beyond clinical studies of established treatments for drug abuse.¹⁸¹ And the 2000 Drug Addiction Treatment Act (DATA) permitted physicians, for the first time in more than 80 years, to legally prescribe opioid medications for the non-regulated, outpatient treatment of opioid dependence.¹⁸² However, Clinton prevented the Department of Health and Human Services from implementing its plans for a politically volatile needle-exchange program.¹⁸³

In the end, despite the campaign rhetoric, there was no fundamental change in drug control policy during the Clinton Administration. The drug budget grew from \$12.1 billion in 1993 to \$19.2 billion in FY 2000.¹⁸⁴ However, expenditures for the criminal justice system and supply-reduction programs continued to outstrip investment in prevention, treatment and research. Incarceration for drug-law violations increased 1,100 percent between 1980 and 2002. And, by 1997, one million Americans were being arrested each year for violating drug laws.¹⁸⁵ Meanwhile, cocaine and heroin prices fell by 80 percent, and 14,000 Americans were dying annually from drug-related causes.¹⁸⁶

The G.W. Bush Administration: 2001-2009

When I was young and irresponsible,
I was young and irresponsible.

George W. Bush¹⁸⁷

During the presidential election campaign, Governor George W. Bush called teen drug statistics “one of the worst public policy failures of the ‘90s.” Under the Clinton administration, Bush claimed, fighting drug abuse had ceased to be a national priority; drug policy was under-funded and lacked consistency.¹⁸⁸ Despite candidate Bush’s tough talk, some elements of the drug reform community hoped that President Bush – a man who confessed his own struggle with alcohol addiction – might favor a more demand-reduction oriented strategy. Those reformists were soon disappointed when Bush formed a counterdrug team consisting of Congressman (and fellow-Arkansan) Asa Hutchinson,¹⁸⁹ John Walters,¹⁹⁰ and former-Senator John Ashcroft.¹⁹¹

Bush’s initial drug strategy included three short-term initiatives designed to “reinvigorate” the drug war: 1) establishment of a faith-based initiative office to fund religious groups engaged in anti-drug efforts; 2) a survey of drug treatment needs and capacity along with proposals to close the treatment gap; and 3) expanded drug testing of federal prisoners, probationers and parolees.¹⁹² The Administration also renewed its commitment to the National Youth Anti-Drug Media Campaign, calling it “the most visible symbol of the federal government's commitment to drug prevention.”¹⁹³

The administration’s FY 2003 drug budget requested \$19.2 billion, an increase of about 2 percent over FY 2002.¹⁹⁴ Still smarting from the 9/11 terror attacks, the budget request was accompanied by a campaign designed to highlight the link between drugs and terrorism.¹⁹⁵

FY	\$ Supply Reduction (Millions)	%	\$ Demand Reduction (Millions)	%
2002 ¹⁹⁶	12,686	67	6,136	33
2003 ¹⁹⁷	13,315	69	5,847	31
2004 ¹⁹⁸	6,705	55	5,377	45
2005 ¹⁹⁹	7,639	61	5,005	39
2006 ²⁰⁰	7,765	62	4,810	38
2007 ²⁰¹	8,164	65	4,492	35
2008 ²⁰²	8,344	64	4,618	36
2009 ²⁰³	9,862	65	5,417	35

The George W. Bush Drug Spending Record

- Beginning in FY 2004, ONDCP made significant changes in the methodology used to compute the cross-cutting national drug budget. The impact of the new accounting methodology (indicated by shaded area in chart) “reduced” overall totals beginning in FY 2004 by excluding at least \$7.5 billion in costs associated with the prosecution and incarceration of federal prisoners. Yet, even with these changes in methodology, the spending ratio remained virtually unchanged.

In announcing his strategy, Bush promised an increased emphasis on treatment and prevention and major new funding for demand-reduction initiatives.²⁰⁴ Drug Czar Walters echoed the President’s rhetoric, insisting that the administration was “putting a larger emphasis on treatment than the last budget and strategy did.”²⁰⁵ However, despite continued annual increases in the counterdrug budget, a simple review of the math, demonstrates that the Bush “strategy” was the same as the Clinton strategy – “talking treatment and funding law enforcement.”²⁰⁶ The single largest increase in funding (10%) was for foreign eradication and interdiction, one of the most expensive and least effective drug fighting techniques.²⁰⁷ While spending for treatment increased by only 6 percent.²⁰⁸

Like his predecessors, George W. Bush tried to spend his way to victory, allocating nearly \$200 billion to the war on drugs over 8 years. Yet, a poll in October 2008, found that three in four Americans believed that the war on drugs was failing.²⁰⁹

In 2009, an estimated 20 million Americans aged 12 or older used illicit drugs on a current, i.e., past month, basis – statistically unchanged since 2002.²¹⁰ Moreover, nearly half of all drug addicts who need treatment, approximately 3.5 million, did not have access to suitable programs.

Despite the clear record of failure, the drug budget remained overwhelmingly weighted toward supply-reduction. Less than one-third of the total was designated for treatment or prevention, and much of that was appropriated for anti-drug commercials and school programs of questionable efficacy. Although overall funding grew by 39 percent between 2002 and 2009 (approximately \$4.2 billion), 90 percent of the increase went to supply-reduction, while only 10 percent went to demand-reduction programs.²¹¹ According to John Carnevale, former director of planning and budget at the ONDCP: “The strategy totally failed to achieve any progress in this key goal area....Eight years were wasted.”²¹²

The Obama Administration: 2009-

I inhaled frequently. That was the point.

Barack Obama²¹³

Barack Obama was not the first candidate to admit drug use; however, he was the first to be so completely open about it. To some, Obama’s honesty about drugs reflected a generational change in politics. Voters cared more about having an honest person in the White House and less about youthful drug use.²¹⁴ Supporters and drug policy reformers were impatient for the “change” Obama promised.

Although candidate Obama called the war on drugs “an utter failure,” President Obama’s drug strategy has not differed significantly from that of previous

administrations.²¹⁵ His drug czar, Gil Kerlikowske, pledged to “change the conversation on our drug problem” and abandon the “drug war” metaphor. However, the change in that rhetorical convention has meant little in the face of spending patterns that still disproportionately favor supply-reduction over demand-reduction.

The Barack Obama Drug Spending Record

- Further changes in accounting methodology make precise comparison to earlier drug budgets difficult. However, no significant change in supply-reduction/demand-reduction spending ratio.

President Obama and his Drug Czar publicly express support for expanding demand-reduction initiatives but the budget dollars have failed to match the rhetoric. The FY2010 drug budget of \$15.1 billion (\$1 billion more than the Bush Administration’s final budget request) included the usual two-to-one spending ratio in favor of supply-reduction, as in previous administrations.²¹⁶ The Obama spending plan called for an increase in every aspect of drug-war funding except drug-use prevention (which decreased by 11 percent).²¹⁷

FY	\$ Supply Reduction (Millions)	%	\$ Demand Reduction (Millions)	%
2010 ²¹⁸	9,772	65	5,260	35
2011 ²¹⁹	9,952	64	5,600	36
2012 ²²⁰	9,690	64	5,618	36
2013 ²²¹	15,062 ²²²	59	10,538 ²²³	41

ONDCP promised at the time that future budgets would “reflect the President’s balanced and evidence-based approach to reducing illicit drug use and will encompass

. . . prevention, enforcement, and treatment.” However, the 2011 drug budget still maintained the roughly two-to-one imbalance between supply-reduction and demand-reduction.²²⁴

On February 13, 2012, the Obama administration released its FY2013 National Drug Control Budget, requesting nearly \$26 billion for anti-drug programs. What appears to be a dramatic increase in the overall budget, however, is merely the result of another change in accounting methodology.²²⁵ The FY2013 proposal would increase total funding by only 1.6% over FY2012, and is remarkable only in the way it closely tracks previous budgets regarding allocation of resources.²²⁶

As a result of this accounting “sleight of hand,” the spending ratio also appears to have incrementally shifted toward demand reduction, allocating 41.2% for treatment and prevention and 58.2% for law enforcement.²²⁷ However, as in the previous Obama budgets, accuracy of these percentages is questionable since changes in the accounting methodology actually undercounts the real cost of the drug war “by failing to include some significant drug policy-driven costs.”²²⁸

In adopting talking points about treating drug abuse as a health problem, the administration has scored political points with those Americans who see the war on drugs as a failure; however, the budget has not matched the rhetoric.²²⁹ Nowhere is the contrast clearer than in a comparison between spending for punishment and interdiction and spending for prevention, treatment and other health approaches. In the view of many, little or nothing has changed. Despite Obama’s politically popular statement that “we have to think more about drugs as a public-health problem,” only appearances, not realities, have changed. While declaring that “we cannot arrest our way out of the drug

problem,"²³⁰ prevention and treatment remain severely underfunded, while law enforcement and incarceration continue to dominate our national drug strategy and consume the lion's share of the counterdrug budget.²³¹

President Obama now presides over a war on drugs that employs a strategy virtually indistinguishable from that of his predecessors.²³² "The Obama drug budget is the Bush drug budget, which was the Clinton drug budget."²³³ The rhetoric has remained largely unchanged for four decades. Successive administrations have promised new, balanced-approaches while delivering the same failed strategy favoring supply-reduction (which actually did little to reduce supply²³⁴) over more-effective and less-expensive demand-reduction strategies.²³⁵

Proposal for an Armistice: Ending the Insanity

By nearly every measure, America's forty-year war on drugs has been an expensive failure.²³⁶

- \$1 trillion – estimated total federal, state, and local expenditures in support of the national drug strategy since 1969.²³⁷
- 150 million – estimated number of Americans who will use illicit drugs at some time in their lives (nearly 50% of the population).²³⁸
- 38 million – estimated number of Americans who use illicit drugs each year (roughly 12% of the population).²³⁹
- 20 million – estimated number of Americans aged 12 and older who use illicit drugs on a current, i.e., past month, basis (about 6% of the population).²⁴⁰
- 7.5 million – estimated number of Americans (about 2.3% of the adult population) categorized as abusers or dependent on illicit drugs.²⁴¹
- 6.3 million – estimated number of Americans needing drug treatment, but not receiving it.²⁴²

- 400,000 – estimated number of state prisoners (approximately 25% of all state prisoners) serving time today for drug convictions.²⁴³
- 100,000 – estimated number of federal prisoners (approximately half of all federal prisoners) serving time today for drug convictions.²⁴⁴
- 40,000 – estimated number of Americans who die each year from drug-related causes.²⁴⁵
- 1 – estimated number of drug addicted babies born every hour.²⁴⁶

Our supply-reduction efforts have had some impact on production and trafficking patterns. However, as the center of gravity of our national strategy, supply-reduction is “doomed to failure . . . by the structure and size of the drug industry.”²⁴⁷ Research indicates that even if the U.S. supply-reduction strategy pursued for the last 40 years had been relatively “successful” in its goals of eradication and interdiction, it would not have substantially reduced U.S. illicit drug supply.²⁴⁸ Nevertheless, we have continued to invest more each year in the same, failed strategy while expecting different results.

Reasonable minds may differ regarding the exact details of a new strategy, but not about the need for one.²⁴⁹ We must make demand-reduction the focal point of our new strategy.²⁵⁰ The 2011 Report of the Global Commission on Drug Policy²⁵¹ included important recommendations regarding drug abuse and trafficking, including treatment for non-violent drug offenders and a concentrated international effort to combat violent criminal organizations rather than nonviolent, low-level offenders.²⁵² These recommendations are supported by ample research showing that most people who enter and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.²⁵³

Moreover, there is abundant evidence of treatment’s cost-effectiveness.²⁵⁴ Accordingly, treatment on demand must finally become a reality, because the societal

cost of untreated addiction is simply too high.²⁵⁵ To be effective, treatment must be tailored to the individual and, in many cases, will require a combination of drug and behavioral therapy.²⁵⁶ Research has shown such approaches effective, with 40-70% of patients remaining drug free.²⁵⁷ Moreover, the potential for failure or relapse should not deter our efforts. Successful treatment for addiction typically requires continual evaluation and modification, just as treatments for other chronic diseases. In fact, relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma.²⁵⁸

Statistics show that most people who need treatment are not seeking it.²⁵⁹ Therefore, our new strategy must create incentives and opportunities for addicts to choose treatment voluntarily.²⁶⁰ Drug courts have proven to be an extremely effective incentive for many.²⁶¹ And, while our primary strategy should not be criminalization, studies have shown that treatment does not need to be voluntary to be effective.²⁶² Thus, any new strategy must include criminal sanctions to serve as “an instrument for exercising therapeutic leverage.”²⁶³ This can be accomplished in a variety of ways, including diverting nonviolent offenders to treatment and mandating treatment as a condition of probation or pretrial release.²⁶⁴

In the past, funding has never been sufficient to provide treatment on demand. Now, faced with record budget deficits and a future of austere budgets, it will be extremely difficult to find “new money” to support demand-reduction initiatives. Therefore, we should begin by cutting wasteful spending – especially in unproductive supply reduction programs.²⁶⁵ Reducing or eliminating expensive crop eradication programs and aid programs for foreign police and military counterdrug units that do little

to directly reduce drug availability in the U.S. is a good place to start.²⁶⁶ In addition, we should reduce DOD counterdrug dollars and reprogram the savings to fund additional drug courts along with the necessary support network.

A prerequisite to any reorientation of the national drug strategy will be a major reorganization of ONDCP.²⁶⁷ In order to become a more effective policy leadership organization and eliminate the unhealthy interagency rivalries that have hampered productivity and led to duplication of effort and wasteful spending, ONDCP must be given more control of the counterdrug budget. Until then, no administration's rhetoric will ever become a reality.²⁶⁸

America's drug problem is extraordinarily complex. However, described in the simplest terms, it is a matter of supply and demand – the demand for drugs makes trade in illicit drugs profitable and the resulting profits drive supply.²⁶⁹ An objective review of our experience over the last 40 years confirms that our supply-reduction-focused strategy has failed. Even with unlimited resources, we could not hermetically seal America's borders to prevent illicit drugs from entering.²⁷⁰

While it would be folly to suggest that we abandon all supply reduction efforts,²⁷¹ it is clear that prohibition “is no match for the obstinacy and ingenuity of many human beings,”²⁷² and, therefore, **more punitive drug policies are not the answer.**²⁷³ Instead, we must adopt a pragmatic, science-based, demand-reduction strategy that offers some hope of reducing the economic and societal impacts of illicit drugs on America.

Endnotes

¹ Although most frequently attributed to Albert Einstein, this definition of insanity has also been variously attributed to either Benjamin Franklin or Mark Twain. Another quote (indisputably Einstein's) is perhaps just as relevant to the discussion that follows:

The prestige of government has undoubtedly been lowered considerably by the prohibition law. For nothing is more destructive of respect for the government and the law of the land than passing laws which cannot be enforced. It is an open secret that the dangerous increase of crime in this country is closely connected with this.

Albert Einstein, "My First Impression of the U.S.A.," (1921).

² Edward M. Brecher and the Editors of Consumer Reports, *Licit and Illicit Drugs* (Mount Vernon, NY: Consumers Union, 1972), 3.

³ Ibid.

⁴ These elixirs claimed to cure everything from nerves to marital problems, and were available at a modest price. Ibid.

⁵ In Atlanta, Confederate veteran and pharmacist, John Pemberton, developed his own cocktail—a combination of wine and an extract from coca leaves—which he called Pemberton's French Wine Coca. In 1885, when Atlanta and Fulton County, Georgia enacted temperance legislation, Pemberton replaced the wine in his recipe with a non-alcoholic syrup and the "tonic" assumed the now more well known name "Coca-Cola." Mark Pendergrast, *For God, Country, and Coca-Cola: The Definitive History of the Great American Soft Drink and the Company that Makes It*, Basic Books: enlarged 2nd edition (2000), 24. Federal pure food and drug laws enacted in 1906, forced Pemberton's successors to switch from using unadulterated coca leaves to decocainized leaves. Brecher, *Licit and Illicit Drugs*, 6.

⁶ Samuel M. Levine, *Narcotics and Drug Abuse* (Cincinnati: The W.H. Anderson Company, 1974).

⁷ Elaine Casey, *History of Drug Use and Drug Users in the United States*, from "Facts About Drug Abuse – Participant Manual," The National Drug Abuse Center for Training Resource and Development (1978). <http://www.druglibrary.org/schaffer/history/casey1.htm>.

⁸ This prohibition movement targeted the immigrant Chinese laborers building the transcontinental railroad who brought their opium smoking habit with them to America. Dale Gieringer, *Anniversary of the Opium Exclusion Act*, Free Internet Press, February 15, 2006, <http://drugnewsvault.blogspot.com/2006/02/anniversary-of-opium-exclusion-act.html> (viewed on 12/15/10).

⁹ In mid-1906, Congress passed the Pure Food and Drug Act, which effectively eliminated cocaine and opium from all patent medicines and soft drinks by requiring accurate labeling. However, the legislation did not prohibit or outlaw the use of cocaine and opiate drugs. Lana D. Harrison, Michael Backenheimer and James A. Inciardi, "History of Drug Legislation," <http://www.cedro-uva.org/lib/harrison.cannabis.05.html> (viewed on 12/20/10).

¹⁰ P.L. 63-223. For a full discussion of the Act, its historic underpinnings and repercussions see Harrison, Backenheimer and Inciardi, "History of Drug Legislation," <http://www.cedro-uva.org/lib/harrison.cannabis.05.html>.

¹¹ The Act was an effort to simplify record keeping for the dispensing of narcotic drugs and regulate the production and distribution of opium and coca derivatives through licensing and taxation. Edward Jay Epstein, *Agency of Fear: Opiates and Political Power in America, 1977* (New York: G.P. Putnam's Sons), 26. There was little or no debate over the policy and health consequences of the Act. It was a result of the administrative fiat of the Department of the Treasury – the same agency later charged with enforcing alcohol prohibition – and gave no consideration to the views of the mainstream medical community. David Courtwright, *Dark Paradise: Opiate Addiction in America Before 1940* (Cambridge: Harvard University, 1992).

¹² Brecher, "Licit and Illicit Drugs." The Congressional Committee (which included Dr. A. G. Du Mez, Secretary of the United States Public Health Service) released these findings:

Opium and other narcotic drugs [including cocaine] ... were being used by about a million people. The underground traffic in narcotic drugs was about equal to the legitimate medical traffic. The dope peddlers appeared to have established a national organization, smuggling the drugs in through seaports or across the Canadian or Mexican borders ...

The wrongful use of narcotic drugs had increased since passage of the Harrison Act. Twenty cities, including New York and San Francisco, had reported such increases.

¹³ Courtwright, *Dark Paradise: Opiate Addiction in America Before 1940*.

¹⁴ Anslinger had previously served as Assistant Commissioner for Prohibition. He served as Commissioner of the Federal Bureau of Narcotics from 1930 until 1962.

¹⁵ Incarceration can be viewed as both a method of demand reduction and supply reduction. Supply is arguably reduced, at least temporarily, whenever a drug producer or dealer is imprisoned. Similarly, when a drug user is imprisoned there is, albeit temporarily, a reduction in demand. In addition, many would argue that the possibility of incarceration itself has a deterrent effect on both the supply and demand elements. However, history has shown that the mere threat of incarceration – even the relative certainty of eventual incarceration – is insufficient to overcome the desire for profit and the power of addiction. Moreover, as the present Drug Czar has said on more than one occasion: "We cannot arrest our way out of the problem." R. Gil Kerlikowske, "Study: More Than Half of Adult Male Arrestees Test Positive for at Least One Drug," *The Huffington Post*, May 17, 2012. <http://www.huffingtonpost.com/news/arrestee-drug-use>. As discussed herein, the issue is not whether we should do one or the other, i.e., either demand-reduction or supply-reduction, the question is whether supply reduction should remain the center of gravity of our strategy when, after 40 years, it has failed to produce the desired results.

¹⁶ John Carnevale and Patrick Murphy, "Matching Rhetoric to Dollars: Twenty-Five Years of Federal Drug Strategies and Budgets," *Journal of Drug issues*, Volume 29, No. 2 (Spring 1999).

¹⁷ Patrick Murphy, "Keeping Score: The Frailties of the Federal Drug Budget." Santa Monica, CA: Rand Corporation (1994). http://www.rand.org/pubs/issue_papers/IP138/index2.html.

¹⁸ “Follow the money,” may be the most famous “made-up” line about the Watergate reporting of the *Washington Post*. The comment, attributed to the stealthy “Deep Throat” source cultivated by Bob Woodward of the *Washington Post*, was written into the screenplay of *All the President’s Men*, the movie about the work of Woodward and his *Post* colleague, Carl Bernstein. However, the phrase (“Follow the money”) doesn’t appear in Woodward and Bernstein’s book about Watergate, nor was it uttered in real life by “Deep Throat.” W. Joseph Campbell, “Those delicious but phony quotes ‘that refuse to die,’” Media Myth Alert, June 25, 2011, viewed at: <http://mediamythalert.wordpress.com/2011/06/25/those-delicious-but-phony-quotes-that-refuse-to-die/>.

¹⁹ Overall, the federal drug budget increased nearly tenfold, from \$81.3 million in FY 1969 to \$783.6 million in FY 1973. Only \$228.3 million (approximately 30%) of the total went to law enforcement and supply-reduction efforts. The remaining 70% was committed to treatment, rehabilitation, research and education. Only \$58.2 million was allocated to drug treatment programs in 1971; however, by 1973, this budget had increased to \$256.7 million. Strategy Council on Drug Abuse, Executive Office of the President, *Federal Strategy for Drug Abuse and Drug Traffic Prevention*, Washington, D.C., U.S. Government Printing Office, 1973; Carnevale and Murphy, “Matching Rhetoric to Dollars,” 6.

²⁰ Demand-reduction funding, as a percentage of the total budget, began to decline during Nixon’s abbreviated second term, eventually leveling off at approximately one-third of the total budget. Ibid.

²¹ The impact was almost immediate. In New York City, the crime rate in 1972 dropped 18 percent, and in Washington, 26.9 percent. Nationally, the crime rate fell by 3 percent, the first decline in 17 years. The rate of heroin overdose deaths, hepatitis transmission, and drug related hospital visits also declined. Michael Massing, “Winning the Drug War Isn’t So Hard After All,” *The New York Times*, September 7, 1998.

²² Massing, “Winning the Drug War Isn’t So Hard After All.”

²³ In a speech on November 17, 1973, Nixon assured the American public: “I am not a crook.” Richard Nixon’s Question-and-Answer Session at the Annual Convention of the Associated Press Managing Editors Association, held at the Contemporary Hotel at Walt Disney World in Orlando, Florida - November 17, 1973. Emerson Kent.Com, http://www.emersonkent.com/speeches/i_am_not_a_crook.htm.

²⁴ Carnevale and Murphy, “matching Rhetoric to Dollars,” 15.

²⁵ Ibid., 15.

²⁶ Ibid., 7.

²⁷ An increase of approximately 40,000% over 40 years (adjusted for inflation). Although regular estimates of expenditures by state and local governments are not made, a 1991 federally-sponsored study estimated such expenditures nearly equaled those of the federal government. Peter Reuter, “An Assessment of ONDCP’s Budget Concept,” Testimony presented to the House of Representatives Committee on Government, February 10, 2005.

²⁸ Michael Massing, "The Fix," (Berkeley: University of California Press, 2000) 271. The same period saw only about a one-third increase in the total U.S. population, from 203 million in 1969 to 313 million in 2012.

²⁹ Martha Mendoza, "U.S. drug war has met none of its goals," *Associated Press*, May 13, 2010. Viewed at: http://www.msnbc.msn.com/id/37134751/ns/us_news-security/t/us-drug-war-has-met-none-its-goals/.

³⁰ Between 1980 and 2005, the total number of inmates incarcerated for drug possession in state prisons or local jails grew by more than 1,000 percent. Paige M. Harrison and Allen J. Beck. *Prisoners in 2005* (Washington, DC: Bureau of Justice Statistics, 2005). By 2004, 419,000 drug possessors were incarcerated in state prisons or local jails at a cost of nearly \$8.3 billion annually. The estimated number of inmates is based on an analysis of data collected through the *Survey of Inmates in Local Jails* and the *Survey of Inmates in State Correctional Facilities* conducted by the Bureau of Justice Statistics. The costs of incarceration are based on the conservative estimated cost of \$20,000 per inmate per year. Don Stemen, "Reconsidering Incarceration: New Directions for Reducing Crime," *Crime and Incarceration*, January 2007.

³¹ U.S. Department of Justice, National Drug Intelligence Center, "The Economic Impact of Illicit Drug Use on American Society," April 2011.

³² Martha Mendoza, "U.S. drug war has met none of its goals."

³³ Evidence that treatment works can be found by examining the one time it was actually tried—during the Nixon administration. Massing, "Winning the Drug War Isn't So Hard After All."

³⁴ John Carnevale, "FY02-09 Budget Emphasizes Least Effective Ingredients of Drug Policy," PRNewswire, February 20, 2009. <http://www.prnewswire.com/news-releases/fy02-09-budget-emphasizes-least-effective-ingredients-of-drug-policy-57040872.html>.

³⁵ Ibid.

³⁶ Study by the National Association of State Alcohol and Drug Abuse Directors. Johnathan Harris, *Drugged America* (New York: Four Winds Press, 1991), 154; C.P. Rydell and S.S. Everingham, "Controlling Cocaine," Prepared for the Office of National Drug Control Policy and the United States Army (Santa Monica, CA: Drug Policy Research Center, RAND Corporation, 1994), xvi.

³⁷ Ibid.

³⁸ Dale Gieringer, "America's Hundred Years War on Drugs: Centennial of the 1st Congressional Anti-Drug Law Prohibiting Opium in the Philippines – March 3, 1905-2005," (2005) viewed at <http://www.drugsense.org/dpfca/DrugWarCentennial1.htm>.

³⁹ Brecher, *Licit and Illicit Drugs*, 3.

⁴⁰ Carnevale Associates, "Policy Brief: The Continued Standstill in Reducing Illicit Drug Use," (Gaithersburg, MD: September 2009). While it can hardly be said that drug prohibition caused the addiction rate to double in America, it can be said with certainty that our

prohibitionist approach has not prevented the increased addiction rate. A survey of 17 countries published in 2008, found that despite its punitive drug policies the United States has the highest levels of illegal cocaine and cannabis use. The study, by Louisa Degenhardt (University of New South Wales, Sydney, Australia) and colleagues, is based on the World Health Organization's Composite International Diagnostic Interview (CIDI). (A summary of the report and its findings is available at: "United States Has Highest Level Of Illegal Cocaine and Cannabis Use," *Science Daily* (June 30, 2008). <http://www.sciencedaily.com/releases/2008/06/080630201007.htm>. The authors found that 16.2% of people in the United States had used cocaine in their lifetime, a level much higher than any other country surveyed (the second highest level of cocaine use was in New Zealand, where 4.3% of people reported having used cocaine). Cannabis use was also highest in the U.S. (42.4%), followed by New Zealand (41.9%). The authors also concluded that drug use "does not appear to be simply related to drug policy, since countries with more stringent policies towards illegal drug use did not have lower levels of such drug use than countries with more liberal policies." For example, in the Netherlands, which has more liberal policies than the United States, 1.9% of people reported cocaine use and 19.8% reported cannabis use.

⁴¹ The scope of this paper, limited to 6,000 words, is necessarily narrow. It is a brief examination of the two-dimensional national drug strategy pursued by 8 administrations over 4 decades. Any change in the strategy (or the absence of change) is measured not by the overall growth of the drug budget, but by changes in the ratio of spending between demand-reduction and supply-reduction programs. It is probably safe to assume that with unlimited resources we would eventually spend enough on the "right" programs (or combination of programs) to ensure success regardless of our spending strategy. However, as this paper suggests, faced with the reality of finite budget resources, we must adopt a new strategy that allows us to devote our limited resources to programs that promise the greatest likelihood of success.

⁴² Richard Nixon: "Message to the Congress Transmitting Reorganization Plan 2 of 1973 Establishing the Drug Enforcement Administration," March 28, 1973. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=4159>.

⁴³ "Mixing of Mind-Altering Drugs Rises as Spread of Heroin Addition Slows," *The New York Times*, March 25, 1973.

⁴⁴ Peter Brush, "Higher and Higher: American Drug Use in Vietnam," *Vietnam*, Vol. 15, No. 4, December 2002. Shortly after the United States began military support to South Vietnam, high incidence of drug abuse, particularly of marihuana and dangerous drugs such as amphetamines and barbiturates occurred among the military stationed there. The Department of Defense appointed several Task Forces that reported there was a relatively low rate of drug abuse in the services. However, based on independent research, it is now generally accepted that there were anywhere from 25,000 to 50,000 American troops in Vietnam who were heroin users by mid-1971, and this estimate does not include addicted servicemen who had previously served in Vietnam and returned to civilian life. Levine, *Narcotics and Drug Abuse*. In 1971 U.S. Army medical officers estimated that 10 to 15 percent of the lower-ranking enlisted personnel in Vietnam were heroin users. Alfred W. McCoy, *The Politics of Heroin*, (Chicago, IL: Lawrence Hill), 1991, pp. 222-223; George S. Prugh, *Law at War: Vietnam 1964-1973*, (Washington, D.C.: Department of the Army, 1975) 107.

⁴⁵ The number of heroin users has always been difficult to estimate. One author estimates the number of heroin users rose from about 50,000 in 1960 to roughly a half-million in

1970. David F. Musto, *The American Disease: Origins of Narcotic Control*, 3rd ed. (New York: Oxford University Press, 1999), 248. Musto cites the rapid rise of narcotic-related hepatitis cases (from about 4,000 in 1966 to about 36,000 in 1971) as an indicator of the increase in intravenous heroin use. *Ibid.*, citing Domestic Council Drug Abuse Task Force, *White Paper on Drug Abuse* (GPO, 1975), p 15. An editorial on the election in Time Magazine stated that “law and order is a rallying cry that evokes quieter days. To some, it is also a shorthand message promising repression of the Black community.” Time Magazine, *The Fear Campaign*, October 4, 1968, viewed at: <http://www.time.com/time/magazine/article/0,9171,838794,00.html#ixzz0k9Zo4DEX>.

⁴⁶ Richard Nixon: “Special Message to the Congress on Control of Narcotics and Dangerous Drugs,” July 14, 1969. Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=2126>. See also, http://www.williammhynes.com/uploads/6/3/6/7/6367404/nixon_drug_policy_paper.pdf

⁴⁷ *Ibid.*

⁴⁸ David F. Musto and Pamela Korsmeyer, *The Quest for Drug Control* (New Haven: Yale University Press, 2002). Nixon also strongly opposed Heroin Maintenance Programs as an approach to reducing drug-related crime, calling heroin maintenance “a concession to weakness and defeat in the drug abuse struggle, a concession which would surely lead to the erosion of our most cherished values for the dignity of man.” Richard Nixon: “Letter to Representative Peter A. Peyser Supporting Legislation To Prevent Heroin Maintenance Program,” August 20, 1972. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3533>. Nixon once told his drug-policy adviser:

You're the drug expert, not me, on every issue but one, and that's decriminalization of marijuana. If you make any hint of supporting [it], you are history.

Richard Cortes, “Sketches of the Drug Czars,” *Vanity Fair*, July 29, 2009. <http://www.vanityfair.com/politics/features/2009/07/drug-czars-slideshow200907#slide=1>.

⁴⁹ In March 1972, Nixon created the National Commission on Marihuana and Drug Abuse to examine the nature and extent of drug abuse demand-reduction activities and issue recommendations for future action by the administration. The Shafer Commission (named for its Chairman, Ray Shafer) conducted the first surveys of the drug use of the non-institutionalized civilian population over 12 years of age. The Shafer Committee’s report, *Marihuana: A Signal of Misunderstanding*, offered the following unanimous conclusion:

We believe that experimental or intermittent use of this drug carries minimal risk to the public health, and should not be given overzealous attention in terms of a public health response.

The Shafer Committee recommended the decriminalization of marijuana, which Nixon rejected out of hand.

⁵⁰ In March 1970, Nixon created the National Clearinghouse on Drug Abuse Information. Richard Nixon: “Statement Announcing an Expanded Federal Program To Combat Drug

Abuse,” March 11, 1970. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=2906>. In July 1970, he established the Domestic Council to formulate and coordinate domestic policy recommendations. Executive Order 11151 (July 1, 1970).

⁵¹ On the day he announced the War on Drugs, Nixon proposed additional FY1972 budget appropriations of \$105 million for treatment and \$10 million for education and training. Richard Nixon: “Statement on Establishing the Office for Drug Abuse Law Enforcement,” January 28, 1972. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3552>.

⁵² Executive Order 11599. Richard Nixon: “Remarks About an Intensified Program for Drug Abuse Prevention and Control,” June 17, 1971. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3048>. The mission of the SAODAP was to provide “overall planning and policy and establish objectives for all Federal demand-reduction programs.” The two year period between 1971 and 1973 saw the development of more treatment capacity than in the preceding fifty years. Methadone maintenance doubled in size, while non-maintenance programs expanded by a factor of 5.

The Narcotics Treatment Administration (NTA) was established in 1970 to implement a bold public health strategy of providing addiction treatment on a massive scale in an effort to deal with the escalating heroin epidemic and related crime wave in Washington, DC. After only one year, burglaries in D.C. had decreased by 41%. DuPont worked with heroin addicts and methadone treatment in Washington D.C. during the early-1970’s. Interview of Dr. Robert DuPont, PBS *Frontline*, viewed online at: <http://www.pbs.org/wgbh/pages/frontline/shows/drugs/interviews/dupont.html>.

The National Institute on Drug Abuse (NIDA) was created in 1972 to serve as the center piece for a major Federal effort in demand-reduction. Richard Nixon: “Statement About the Drug Abuse Office and Treatment Act of 1972,” March 21, 1972. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3782>.

⁵³ In one of his most frequently quoted speeches, Nixon said:

America’s public enemy number one in the United States is drug abuse. In order to fight and defeat this enemy, it is necessary to wage a new, all-out offensive.

Richard Nixon: “Remarks About an Intensified Program for Drug Abuse Prevention and Control,” June 17, 1971. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3047>. Nixon would return to the “war” metaphor throughout his Administration, often in Pattonesque terms:

I consider keeping dangerous drugs out of the United States just as important as keeping armed enemy forces from landing in the United States. Dangerous drugs which come into the United States can endanger the lives of young Americans just as much as would an invading army landing in the United States. Every government which wants to move against narcotics should know that it can count on this country for our wholehearted support and assistance in doing so.

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[W]e launched our crusade to save our children and now we can see that crusade moving off the defensive and on to the offensive, and beginning to roll up some victories in country after country around the world and in the United States as well.

And what is our goal now? We are living in an age, as we all know, in the era of diplomacy, when there are times that a great nation must engage in what is called a limited war. I have rejected that principle in declaring total war against dangerous drugs.

Our goal is the unconditional surrender of the merchants of death who traffic in heroin. Our goal is the total banishment of drug abuse from American life. Our children's lives are what we are fighting for. Our children's future is the reason we must succeed.

We are going to fight this evil with every weapon at our command, and, with your help and the support of millions of concerned Americans, we are going to win.

Richard Nixon: "Remarks to the Washington Conference on International Narcotics Control," September 18, 1972. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3578>.

⁵⁴ Richard Nixon: "Special Message to the Congress on Drug Abuse Prevention and control," June 17, 1971. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3048>.

⁵⁵ Richard Nixon: "Remarks About an Intensified Program for Drug Abuse Prevention and Control," June 17, 1971. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3408>.

⁵⁶ John Carnevale and Patrick Murphy, "Matching Rhetoric to Dollars: Twenty-Five Years of Federal Drug Strategies and Drug Budgets," *Journal of Drug Issues* 29, no. 2 (Spring 1999).

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ The reasons for the shift toward a strategy of supply reduction and law enforcement are not entirely clear. In January 1972, six months before the Watergate scandal erupted, Nixon established the Office of Drug Abuse Law Enforcement (ODALE), to provide advice on the effective enforcement of drug laws and to establish joint federal/local task forces to fight the drug trade at the street level. Richard Nixon: "Statement on Establishing the Office for Drug

Abuse Law Enforcement," January 28, 1972. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=3552>. ODALE was intended to be an 18-month experimental project involving a dozen different departments and agencies designed to enhance cooperation between federal and local forces in the war on drug in the streets. The Executive Order that created ODALE also established the Office of National Narcotics Intelligence. A year later both agencies would be merged into the new Drug Enforcement Agency (DEA) in the Justice Department. As time went on, and perhaps as an unintended consequence of the Watergate scandal, Nixon appears to have concluded that being tough on crime in general and drugs in particular would help him get reelected.

⁶² In September 1975, Ford's Domestic Council Drug Abuse Task Force released a report recommending that "priority in Federal efforts in both supply and demand-reduction be directed toward those drugs which inherently pose a greater risk to the individual and to society." The White Paper called marijuana a "low priority drug" in contrast to heroin, amphetamines and mixed barbiturates. Public Broadcasting System, "Thirty years of America's drug war – a chronology," PBS Frontline. <http://www.pbs.org/wgbh/pages/frontline/shows/drugs/cron/>.

⁶³ Smarting over criticism of his decision to pardon Nixon, Ford may have realized that being tough on drugs would help him get reelected. J.Y. Smith and Lou Cannon, "Gerald R. Ford, 93 Dies; Led in Watergate's Wake," *The Washington Post*, December 27, 2006. <http://www.washingtonpost.com/wp-dyn/content/article/2006/12/26/AR2006122601257.html>.

⁶⁴ Gerald R. Ford: "Remarks Upon Signing the Drug Abuse Message," April 27, 1976. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=5874>.

⁶⁵ In addition, the Ford Administration proposed a revival of mandatory minimum sentencing for drug trafficking. The Narcotics Sentencing and Seizure Act of 1976. Ford's proposal was ultimately rejected by Congress. Gerald R. Ford: "Statement on Actions To Combat Drug Abuse," December 26, 1975. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=5458>; Gerald R. Ford: "Statement on Drug Abuse," February 23, 1976. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=5609>; Gerald R. Ford: "Special Message to the Congress on Drug Abuse," April 27, 1976. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=5875>; Gerald R. Ford: "Letter to the Speaker of the House and the President of the Senate Transmitting Proposed Narcotic Sentencing and Seizure Legislation," April 30, 1976. Online by Gerhard Peters and John T. Woolley, *The American Presidency*. <http://www.presidency.ucsb.edu/ws/?pid=5926>.

⁶⁶ Carnevale and Murphy, "Matching Rhetoric to Dollars."

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ David Musto, "Historical Perspectives," in J. Lowinson, P. Ruiz, R. Millman & J. Langrod (eds) *Substance Abuse: A Comprehensive Textbook*. 4th Ed.. Philadelphia: Lippincott, Williams & Wilkins, 2005).

⁷⁰ Jimmy Carter: "Drug Abuse Message to the Congress," August 2, 1977. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws?pid=7908>.

⁷¹ Ibid. Some popular media outlets even glamorized cocaine use. A May 30, 1977, *Newsweek* story reported that:

Among hostesses in the smart sets of Los Angeles and New York, a little cocaine, like Dom Perignon and Beluga caviar, is now de rigueur at dinners. Some partygivers pass it around along with the canapes on silver trays . . . the user experiences a feeling of potency, of confidence, of energy.

"The Cocaine Scene," *Newsweek* (May 30, 1977), 20-25.

⁷² Jimmy Carter: "Office of Drug Abuse Policy Memorandum for the Heads of Certain Departments and Agencies," March 14, 1977. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=7174>; Jimmy Carter: "Office of Drug Abuse Policy Nomination of Peter G. Bourne to Be Director and Lee I. Dogoloff To Be Deputy Director.," February 7, 1977. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=7655>.

⁷³ Jimmy Carter: "Drug Abuse Remarks on Transmitting a Message to the Congress," August 2, 1977. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=7907>. Carter's proposal to Congress left "the States free to adopt whatever laws they wish concerning marijuana." Ibid. Interestingly, Carter cited the recommendations of the National Commission on Marijuana and Drug Abuse – recommendations that were rejected out of hand by President Nixon – in support of his call for decriminalization. Jimmy Carter: "Drug Abuse Message to the Congress," August 2, 1977. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws?pid=7908>; Time Magazine, "Carter's Grass-Roots Appeal. Can 35 million Americans be wrong about pot?" August 15, 1977.

⁷⁴ Since "heroin, barbiturates and other sedative/hypnotic drugs account for 90 percent of the deaths from drug abuse," Carter argued, "they should receive our principal emphasis." Ibid.

⁷⁵ Testifying before the Select Committee on Narcotics Abuse and Control in July 1978, the Associate Director of the Domestic Policy Staff went even further, arguing that the Administration's position regarding small amounts of marijuana for personal use would, in effect, "merely codify what is already occurring, since Federal law enforcement efforts should not be directed at people who possess small amounts of *any drug*, particularly marijuana." Harrison, Backenheimer & Inciardi, *History of Drug Legislation*; "Cannabis Use in the United States: Implications for policy," in *Cannabisbeleid in Duitsland, Frankrijk en de Verenigde Staten*, Peter Cohen & Arjan Sas (eds) (Amsterdam: Centrum voor Drugsonderzoek, Universiteit van Amsterdam, 1996) 179-276. <http://www.cedro-uva.org/lib/harrison.cannabis.pdf>.

⁷⁶ Lawrence Meyer and Alfred E. Lewis, "Carter Aide Signed Fake Quaalude Prescription," *Washington Post*, July 19, 1978, p. A-1.

⁷⁷ “Flak over fake prescription puts Carter’s drug fighter on paid leave,” Miami Times, July 20, 1978.

⁷⁸ Reporter Gary Cohn published the story regarding a party hosted by the National Organization for the Reform of Marijuana Laws (NORML). The guests at the December 1977 party included author, Hunter Thompson, Christie Hefner (daughter of Hugh), Tom Forcade (founder of *High Times* magazine), White House drug chief Bourne, and *Post* reporter Cohn. The July 21st *Washington Post* story reported that Bourne had used cocaine and marijuana at the NORML party. Bourne resigned from his position at the Office on Drug Abuse Policy within 24 hours. Richard Cortes, *Sketches of the Drug Czars*.

⁷⁹ The “Bourne Affair” was not the only drug-related embarrassment suffered by the Carter Administration. Other Carter associates, including White House Chief of Staff Hamilton Jordan, and White House Appointment’s Secretary (and later-National Campaign Manager) Tim Kraft, also faced allegations of drug use. In Jordan’s case, a special prosecutor ultimately found insufficient evidence to support an allegation that Jordan had used cocaine at Studio 54, a Manhattan discoteque in 1978. Kraft resigned from his post as National Campaign Director in September 1980, following allegations he used cocaine in 1977.

Bourne’s successor, his deputy Lee Dogoloff, helped shift policy away from the hard drugs/soft drugs distinction, away from the concern for treatment solutions for heroin addicts, and toward concerns about marijuana. He and DEA Administrator Peter Bensinger advocated for increasing, rather than eliminating, federal penalties for marijuana possession. Andrew B. Whitford and Jeff Yates, “Presidential Rhetoric and the Public Agenda: Constructing the War on Drugs,” p 54; Carter (through Dogoloff) distanced himself from decriminalization. Baum 1996, 129. As Dogoloff would later write, “Decriminalizing marijuana flies in the face of public opinion and, more importantly, scientific evidence of the physical damage this drug causes.” Lee I Dogoloff, “On Health – Don’t Legalize Marijuana,” New York Times Op-Ed, December 1, viewed at: <http://www.nytimes.com/1987/12/01/opinion/l-on-health-don-t-legalize-marijuana-979187.html>. In the view of some critics, Dogoloff helped effect the biggest change in drug policy since Nixon launched the war on drugs. Baum 1996, 135.

⁸⁰ Jimmy Carter: “Illegal Drug Traffic on the High Seas Statement on Signing H.R. 2538 into Law,” September 15, 1980. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=45047>.

⁸¹ Carnevale and Murphy, “Matching Rhetoric to Dollars.”

⁸² The White House, Drug Abuse Policy Office, “Federal Strategy For Prevention of Drug Abuse and Drug Trafficking 1982” (Washington, DC: 1982).

⁸³ Ibid.

⁸⁴ Carnevale and Murphy, “Matching Rhetoric to Dollars.”

⁸⁵ Ronald Reagan: “Radio Address to the Nation on Federal Drug Policy,” October 2, 1982. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=43085>.

⁸⁶ Bill Piper, Director of National Affairs for the Drug Policy Alliance (<http://www.drugpolicy.org>), quoted in: DRC Net, "The Reagan-Era Drug War Legacy," 6/11/04 <http://stopthedrugwar.org/chronicle-old/341/reagan.shtml>.

⁸⁷ Reagan vetoed the Bill creating a "Drug Czar" within the Executive Branch with the power to coordinate and direct all domestic and international Federal drug efforts. Ronald Reagan: "Memorandum Returning Without Approval a Bill Concerning Contract Services for Drug Dependent Federal Offenders," January 14, 1983. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=41310>. The Administration found substantial support in the Democratically-controlled Congress. In the 1980s, the drug war was a bipartisan issue. Congress was controlled by Democrats, "who not only did not need to have their arms twisted, but in many cases were trying to get to Reagan's right on these issues." DRC Net, "The Reagan-Era Drug War Legacy," 6/11/04 <http://stopthedrugwar.org/chronicle-old/341/reagan.shtml>.

Reagan later compared his administration's determination to discourage the flow and use of banned substances to the obstinacy of the French army at the Battle of Verdun in World War I, quoting a French soldier who said: "There are no impossible situations. There are only people who think they're impossible." Ronald Reagan: "Remarks on Signing Executive Order 12368, Concerning Federal Drug Abuse Policy Functions," June 24, 1982. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=42671>.

⁸⁸ The President frequently acknowledged the importance of demand-reduction in his public statements:

All the confiscation and law enforcement in the world will not cure this plague as long as it is kept alive by public acquiescence. So, we must now go beyond efforts aimed only at affecting the supply of drug; we must affect not only supply but demand.

Ronald Reagan: "Remarks Announcing the Campaign Against Drug Abuse and a Question-and-Answer Session With Reporters," August 4, 1986. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=37701>. Reagan expressed the same view in more succinct terms in 1988:

The real answer must come from taking the customer away from the drugs, not the other way around.

Ronald Reagan: "Remarks at a Seminar on Substance Abuse in the Workplace in Durham, North Carolina," February 8, 1988. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=35188>.

⁸⁹ The Comprehensive Crime Control Act of 1984 broadened criminal and civil asset forfeiture laws and increased Federal criminal sanctions for drug offenses. The 1986 Anti-Drug Abuse Act, while providing money for prevention and treatment, also restored mandatory prison sentences for large-scale distribution of marijuana, imposed new sanctions on money laundering, and other demand-reduction components. 18 U.S.C. Section 1 (Repealed Pub. L. 98-473, title II, Sec. 218(a)(1), Oct. 12, 1984, 98 Stat. 2027). The 1988 Anti-Drug Abuse Amendment Act primarily increased the sanctions for crimes related to drug trafficking and

established several new Federal offenses. Eric Schlosser, "Reefer Madness," *The Atlantic Monthly* (1994) 52. The fourth bill, the Crime Control Act of 1990, was focused on supply-reduction and law enforcement, doubling the appropriations for drug law enforcement grants to states and localities, and strengthening forfeiture and seizure statutes. Bureau of Justice Statistics 1992, *Crime and the Justice System* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs) 86.

⁹⁰ Between 1981 and 1987, federal spending on drug abuse tripled, reaching nearly \$4 billion. Ronald Reagan: "Radio Address on Drug Abuse and Trafficking," May 30, 1987. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=34347>. However, the two-thirds/one-third (supply/demand) ratio that took shape in the second Nixon term and continued through the Ford and Carter presidencies, would become three-fourths/one fourth under Reagan. Cortes, *Sketches of the Drug Czars*.

⁹¹ Ronald Reagan: "Remarks at the National Conference on Corporate Initiatives for a Drug Free Workplace," June 9, 1988. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=35950>.

⁹² As Assistant Attorney General of DOJ's Criminal Division, Rudolph Giuliani helped orchestrate the expansion of the FBI into the drug fight, added five hundred Drug Enforcement Administration agents, established thirteen regional anti-drug task forces and chalked up record numbers of drug seizures and convictions. Lou Cannon, *President Reagan: The Role of a Lifetime* (New York: Touchstone, 1991) 813.

⁹³ President Reagan's signature of the Omnibus Budget Reconciliation Act of 1981 repealed the Mental Health Systems Act of 1980 signed by President Carter. Under the new Alcohol, Drug Abuse and Mental Health Services Block Grant, the percentage of federal funding was reduced and the burden of financing shifted to state and local agencies. Services were cut back and development of partnerships and alternative funding strategies became a vital necessity. Minnesota Psychiatric Society, *The Minnesota mental health system: demand, capacity, and cost* (St. Paul: MPS Report, 2004).

Much of the effort was left to philanthropic foundations, professional organizations, nongovernment organizations and community groups. Ronald Reagan: "Remarks at a White House Briefing for Service Organization Representatives on Drug Abuse," July 30, 1986. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=37676>.

⁹⁴ As drug use among children became more of a national issue, Nancy Reagan toured elementary schools warning students about the danger of illegal drug use. When one fourth-grader at Longfellow Elementary School in Oakland, California asked Mrs. Reagan what she should do if approached by someone offering drugs, Reagan responded: "Just say no." The slogan, and Nancy Reagan's activism on the issue, became central to the administration's antidrug message. Within a year, 5,000 "Just Say No" clubs had formed around the country, with Soleli Moon Frye, (Punky Brewster) as honorary chairperson. <http://www.time.com/time/world/article/0,8599,1887488,00.html#ixzz17k2sruhh>.

⁹⁵ Ibid.

⁹⁶ Carnevale and Murphy, “Matching Rhetoric to Dollars.”

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ The *Posse Comitatus* Act of 1876, which essentially banned military involvement in domestic law enforcement activities, was amended in 1981 to permit the military to provide training, intelligence, and investigative assistance in cases involving violations of federal drug laws. Harrison, Backenheimer & Inciardi, *History of Drug Legislation*. As early as 1982, Vice President Bush and his aides began pushing for the involvement of the CIA and U.S. military in drug interdiction efforts. Peter Dale Scott and Jonathan Marshall, *Cocaine Politics* (Berkeley: University of California Press, 1991) 2.

¹⁰⁵ Ronald Reagan: “Statement Announcing the Establishment of a Federal Anticrime Task Force for Southern Florida,” January 28, 1982. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=42775>. Reagan later created other regional task forces based on the South Florida Drug Task Force model throughout the U.S. These eventually became known as the Organized Crime Drug Enforcement Task Forces (OCDETF, pronounced “Osa Def”), which currently fall under the authority and supervision of the Deputy Attorney General.

¹⁰⁶ In what experts have come to call the “balloon effect,” destroying drug crops in one region causes cultivation to move to another. Similarly, disruption of a supply route in one place simply forces traffickers to adopt a new route. In the 1970s and early-1980s, almost all the cocaine consumed in the United States was grown in Colombia and shipped to South Florida along a variety of sea and air routes. Colombian traffickers fighting for market share turned Miami into a city where shootouts, contract killings and kidnappings became part of daily life. Bernd Debusmann, “Drug wars and the balloon effect,” Reuters Online, March 26, 2009. <http://blogs.reuters.com/great-debate/2009/03/26/drug-wars-and-the-balloon-effect/>. Within weeks of its formation, the South Florida Task Force scored several spectacular successes, including a number of major seizures of cocaine and marijuana. In response, Colombian trafficking organizations simply shifted their smuggling routes to Mexico, where they partnered with Mexican criminal networks. “By 1988, the balloon effect had become obvious: The Mexican Defence Ministry reported it had discovered 4.8 tonnes of cocaine in a cave in Chihuahua near the U.S. border. It was then the world’s biggest seizure of the drug. Its Colombian origin was not in doubt — Mexico produced no cocaine of its own.” Ibid. Today, the U.S. State Department and DOJ’s National Drug Intelligence Center estimate that as much as 90 percent of the cocaine consumed in the United States comes through Mexico.

¹⁰⁷ Rensselaer W. Lee III, *The White Labyrinth: Cocaine and Political Power*, New Brunswick, NJ, Transaction Publishers, 1989, p. 100. See also Musto, Illicit price of cocaine, p. 323.

¹⁰⁸ US Office of National Drug Control Policy, Executive Office of the President, *Price and Purity of Cocaine: The Relationship to Emergency Room Visits and Deaths, and to Drug Use Among Arrestees* (Washington, DC: Office of National Drug Control Policy, 1992) 5-6.

¹⁰⁹ Some have referred to this as the “Len Bias effect.” In June 1986, the nation was shocked when University of Maryland basketball star Len Bias died from a cocaine overdose shortly after being drafted by the Boston Celtics. Ensuing media reports highlighted the health risks of cocaine and drugs become a significant political issue. After Bias’ death, in another display of the bi-partisan nature of the drug war, House Speaker Tip O’Neill (D-MA) was determined to “get the Republicans on drugs.” O’Neill tasked the Democrats and their staffers to come up with harsh measures, and they did.” DRC Net, “The Reagan-Era Drug War Legacy,” June 11, 2004. <http://stopthedrugwar.org/chronicle-old/341/reagan.shtml>. In August, President Reagan ordered that all federal employees refrain from using illegal drugs or risk losing their jobs. The Executive Order further required every federal agency to develop a comprehensive drug-free workplace program. Executive Order No. 12564.

¹¹⁰ The Anti-Drug Abuse Act of 1986, Pub.L. 99-570, 100 Stat. 3207, enacted October 27, 1986, H.R. 5484. The \$1.7 billion included \$97 million to build new prisons, \$200 million for drug education and \$241 million for treatment. Ibid.

¹¹¹ Possession of at least one kilogram of heroin or five kilograms of cocaine was made punishable by at least ten years in prison. In response to the crack epidemic, the sale of just five grams of the drug carried a mandatory five-year sentence. Ibid.

¹¹² David T. Courtwright, *Cocaine in the United States*, in “Consuming Habits: Drugs in History and Anthropology,” ed. Jordan Goodman, Paul E. Lovejoy, and Andrew Sherratt, London, Routledge Publishers, 1995, p. 217. Heating cocaine powder in a solution of baking-soda-and-water produced a residue of cocaine that could be smoked in a pipe. “Because these chunks made a crackling sound when smoked, they came to be called ‘crack’.” Ibid., 218.

¹¹³ Because it was so inexpensive and did not have to be injected, an unusually high percentage of its smokers were women. Ibid., 219. “Like their turn-of-the-century counterparts, they frequently resorted to prostitution or its equivalent, trading sex for drugs. . . . Thus crack contributed to the other great American epidemic of the 1980s, the spread of HIV infection.” Ibid.

¹¹⁴ DRC Net, “The Reagan-Era Drug War Legacy,” 6/11/04 <http://stopthedrugwar.org/chronicle-old/341/reagan.shtml>.

¹¹⁵ Cannon, *The Role of a Lifetime*, 813. There was estimated to be 10 times more cocaine in the United States in 1988 as there was in 1982.

¹¹⁶ Drug abuse and addiction have been inextricably linked with HIV/AIDS since the beginning of the epidemic. The link has to do with heightened risk—both of contracting and transmitting HIV (often through intravenous drug use or prostitution to support a drug addiction) and of worsening its consequences. National Institute on Drug Abuse, “Drug Facts: HIV/AIDS and Drug Abuse: Intertwined Epidemics,” May 2012.

<http://www.drugabuse.gov/publications/drugfacts/hiv-aids-drug-abuse-intertwined-epidemics>.

Eric Sterling, President of the Criminal Justice Policy Foundation and former Counsel to the U.S. House of Representatives Committee on the Judiciary from 1979 until 1989, quoted in: DRC Net, "The Reagan-Era Drug War Legacy," 6/11/04 <http://stopthedrugwar.org/chronicle-old/341/reagan.shtml>. Sterling also served on the staff of the Subcommittee on Crime, (Rep. William J. Hughes (D-NJ), Chairman), and was responsible for drug enforcement, gun control, money laundering, organized crime, pornography, terrorism, corrections, and military assistance to law enforcement, among many issues. He was a principal aide in developing the Comprehensive Crime Control Act of 1984, the Anti-Drug Abuse Acts of 1986 and 1988, and other laws. http://flexyourrights.org/about/board_of_advisor/sterling.

¹¹⁷ George W. Bush: "Inaugural Address," January 20, 1989. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=16610>. In a 1988 poll, 48% of Americans reported that drugs were the most important foreign policy challenge and 63% believed that drugs should take precedence over America's anticommunist efforts. R. Crandall, *Driven by Drugs: US Policy toward Colombia* (London: Phillips, 2002), 32.

¹¹⁸ P. Andreas, et al. "Dead-End Drug Wars," *Foreign Policy*, no.85 (Winter 1991-1992), 108.

¹¹⁹ Jonathan Harris, *Drugged America*, (New York: Four Winds Press, 1991) 146.

¹²⁰ Bernard Weintraub, "President Offers Strategy for United States on Drug Control," *The New York Times*, September 6, 1989, B7. Although Bush committed himself to ending all drug abuse, his administration actually set more modest goals: a 10% decrease in casual drug use over two years, and a 50% reduction over ten years. Richard L. Berke, "No Change in Basics," *The New York Times*, September 6, 1989; Harris, *Drugged America*, 149.

¹²¹ In 1990, one year into his term, Bennett proposed extending capital punishment to "drug kingpins." Bennett was the first U.S. drug chief in 20 years with no professional expertise in health or science. He was also a heavy smoker—he went through two packs a day, or about one ounce of tobacco—and promised to kick his addiction upon taking office. Dan Check, "The Success and Failure of George Bush's War on Drugs." <http://tfy.drugsense.org/bushwar.htm>. Overall Federal spending on treatment and law enforcement increased during Bennett's tenure, but treatment consistently remained less than one-third of the total budget.

¹²² Public Broadcasting System, "Thirty years of America's drug war – a chronology," PBS Frontline. <http://www.pbs.org/wgbh/pages/frontline/shows/drugs/cron/>.

¹²³ The Personal Responsibility and Work Opportunity Act (P.L. 104-193) (otherwise known as the Welfare Reform Act) subjected individuals convicted of drug offenses to a lifetime ban on cash assistance and food stamps, and giving states the authority to institute drug testing requirements for welfare recipients.

¹²⁴ In March 1989, the Supreme Court approved the requirement of drug testing as part of the security clearance process. In *National Treasury Employees Union v. Von Raab*, 489 US 656, 109 S. Ct. 1384, 103 L. Ed. 2d 685 (1989), the Court validated the requirements for drug-testing of U.S. Customs Service employees applying for jobs involving interdiction of illegal drugs or possession of a gun. The safety and security risks associated with those jobs, the

court reasons, make such searches “reasonable,” and thus permissible under the Fourth Amendment even without a suspicion of wrongdoing. And in another case involving drug tests in the workplace, the Court upheld mandatory testing of railroad employees following rail accidents. *Skinner v. Railway Labor Executives Association*, 489 U.S. 602, 109 S. Ct. 1402, 103 L. Ed. 2d 639, (1989). The court cited public safety concerns as its reason for concluding that such testing is a “reasonable” search under the Fourth Amendment.

¹²⁵ Bernard Weintraub, "President Offers Strategy for United States on Drug Control," *The New York Times*, September 6, 1989. It is somewhat ironic that in 1989, the National Institute on Drug Abuse (NIDA) released a report stating that there had been a 37% drop in casual (non addicted) use from 1979 to 1989. Harris, *Drugged America*, 156. In FY 1990 40% of the drug control budget was specified for law enforcement, 20% for the construction of correctional facilities and less than 12% for improvement of drug abuse treatment. Sidney H. Schnoll, Lori D. Karan, "Substance Abuse," *Journal of the American Medical Association*, May 1990, Vol. 263: 2682-2683. Estimated 1990 antidrug expenditures illustrate the growing burden on the states: Expenditures for law enforcement at the federal level were \$7 billion and \$17 billion at the state/local level.

¹²⁶ Carnevale and Murphy, "Matching Rhetoric to Dollars."

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ In January 1990, Bush proposed a further increase of \$1.2 billion for the war on drugs, including a 50% increase in military spending for DoD's part in the drug war. Amendments to the National Defense Authorization Acts (Public Laws 101-189, 101-510, and 102-190).

¹³¹ Ibid. The Pentagon was designated as the lead federal agency for anti-drug intelligence; integrated U.S. command, control, communications, and intelligence (C3I) systems; provided an improved interdiction role for the National Guard; directed the armed forces to conduct training exercises in known drug-trafficking areas in the U.S.; and expanded military authority to assist foreign police and military in anti-drug operations. David Isenberg, "Militarizing the Drug War," *Covert Action* (Fall 1992), 42. In November 1989, under the direction of then-Defense Secretary Cheney, Joint Task Force-6 (JTF-6) was established at Fort Bliss in El Paso, Texas, to coordinate military and law enforcement anti-drug operations along the U.S.-Mexico border. Chad Thevenot, "The 'Militarization' of the Anti-Drug Effort," (July 1997) viewed at <http://www.ndsn.org/july97/military.html>. See also, Martin Jelsma, "The Development of International Drug Control: Lessons Learned and Strategic Challenges for the Future," Working Paper Prepared for the First Meeting of the Global Commission on Drug Policy, January 24, 2011.

¹³² M. Falco, "Foreign Drugs, Foreign Wars," *Daedalus*, no.121(Summer 1992), 65. Major Kimberly J. Corcoran, "DOD Involvement in the Counterdrug Effort – Contributions and Limitations," Air Command and Staff College (AU/ACSC/0077/97-03), March 1997. Few were surprised when, on December 20, 1989, the United States military executed Operation Just Cause, an invasion of Panama to arrest Panamanian President Manuel Noriega and returning

him to the U.S. for trial on drug trafficking- related charges. The operation employed 25,000 troops. Kevin Buckley, *Panama: The Whole Story*, Simon and Schuster (New York: 1991). On July 10, 1992, Noriega was convicted in the Southern District of Florida of drug trafficking, money laundering and racketeering, and sentenced to 40 years imprisonment. Ibid.

¹³³ Louis Krane, "How to Win the War on Drugs," *Fortune*, 12 March 1990, 75. Congress wanted to know what percentage of all cocaine coming into the country was seized, and how much it would cost to seize half of it. Paul A. Yost, Commandant of the Coast Guard, responded by saying that the Coast Guard had only seized 3% of all cocaine entering into the country, and that there wasn't enough money in the entire federal budget to seize half of all cocaine entering into the United States. Harris, *Drugged America*, 152.

¹³⁴ Ibid., 157.

¹³⁵ Treaster, "Four Years of Bush's Drug War: New Funds but an Old Strategy." A12. This meant reduced profits for those involved in the production, traffic, and sale of drugs. However, since the ultimate goal of the war on drugs was to decrease drug use in the United States, and since interdiction did nothing towards that end, it can be safely said that interdiction was a failure.

¹³⁶ Harris, *Drugged America*, 157.

¹³⁷ Ibid.

¹³⁸ Public facilities were overcrowded, and those who wanted treatment were often put on long waiting lists. Richard L. Berke, "No Change in Basics," *New York Times*, 6 September 1989. B7.

¹³⁹ David E. Smith, "San Francisco Roots: The Evolution of Addiction Medicine," California Society of Addiction Medicine History, June 2010. <http://www.csam-asam.org/csam-history>.

¹⁴⁰ Louis Krane, "How to Win the War on Drugs," 72.

¹⁴¹ Imprisoning an addict costs between \$25,000 and \$50,000 annually; inpatient treatment for addiction costs only \$15,000. According to Dr. Peter Pinto of the Samaritan Village, Incorporated. Harris, *Drugged America*, 155.

¹⁴² Krane, "How to Win the War on Drugs," 71.

¹⁴³ In 1989, soon after becoming Drug Czar, Bennett had suggested that the nation's capital should stand as a test case for the administration's strategy. After a year of fighting drugs in Washington, D.C., Bennett admitted failure. Drug use did not decline, and the homicide rate remained steady. Treaster, "20 Years of War on Drugs, and No Victory Yet."

¹⁴⁴ Ibid.

¹⁴⁵ Treaster, "Police in New York Shift Drug Battle Away From Streets." A1. By 1992 there were more people in federal jails on drug charges than there were for all crimes in 1980. Chief Justice of the Supreme Court William Rehnquist publicly remarked that there were just too

many arrests. Twice as many people were arrested for possession of drugs as were for selling them. Dan Baum, "The Drug War on Civil Liberties," *The Nation*, June 29, 1992, 886.

¹⁴⁶ Despite spending \$1.6 billion to build new federal prisons, there were still not enough cells. Treaster, "Police in New York Shift Drug Battle Away From Streets."

¹⁴⁷ Ibid. Another impact of the shorter sentences was that many prisoners preferred to serve out their prison term than go into treatment, because the prison sentences were so much shorter than any treatment program. Ian Fisher, "Selling Addicts on Treatment Rather Than Prison," *The New York Times*, December 1, 1992. Drug dealers did an average of eight months at Ryker's Island in New York City. Ibid. Drug traffickers did an average of 22 months. Krane, "How to Win the War on Drugs," 75. Drug addicted dealers who showed a good chance of recovery were offered an alternative to serving out their sentences: rehabilitation at Phoenix House. The treatment was rejected by many, simply because it can take up to two years. Ian Fisher, "Selling Addicts on Treatment Rather Than Prison," *New York Times*, December 1, 1992. B3.

¹⁴⁸ Gwen Ifill, "The 1992 Campaign: New York; Clinton Admits Experiment with Marijuana in 1960's," *The New York Times*, March 30, 1992.

¹⁴⁹ Joseph B. Treaster, "Clinton Continues Old Drug Policies," April 12, 1993, viewed at: <http://www.cato.org/pubs/fpbriefts/fpb026.pdf>. Clinton's campaign position was that rehabilitation should be made available to anyone who asked for it, despite the fact that it would cost hundreds of millions of dollars. Ibid. It appears that no one in the news media noticed that the last President to call for treatment on demand was Richard M. Nixon.

¹⁵⁰ Ibid.

¹⁵¹ William S. Smith, a senior official in the White House anti-drug office under President Bush, said national drug policy appeared to be "on cruise control." Ibid. One of Clinton's first decisions was to reduce the size and budget of the Office of National Drug Control Policy by 80%. Ted Galen Carpenter, "Declaring an Armistice in the International Drug War," *Cato Institute Foreign Policy Briefing*, No. 26, July 26, 1993. He had also left most other drug-related Federal positions in the hands of acting directors or holdovers from the Bush Administration. Treaster, "Clinton Continues Old Drug Policies." Many in law enforcement were disappointed by Clinton's decision to sign the North American Free Trade Agreement, which resulted in an enormous increase in legitimate trade across the U.S.-Mexican border. The increased volume of trade also made it more difficult for U.S. Customs officials to find narcotics hidden within legitimate goods.

¹⁵³ William J. Clinton, "Remarks Announcing the Appointment of the Director of the Office of National Drug Control Policy and an Exchange with Reporters," April 28, 1993. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=46491>. Brown was not sworn into office until July 1, 1993. William J. Clinton, "Remarks on the Swearing-In of National Drug Control Policy Director Lee Brown," July 1, 1993. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=46783>.

¹⁵⁴ Brown previously headed the police departments of Atlanta, Houston, and New York City. Ibid.

¹⁵⁵ ONDCP's mission was continually criticized by members of Congress, who called for a stiffer anti-drug message from the White House. Pierre Thomas and Jim McGee, "Brown Ends Two-Year Tenure as Drug Policy Chief," *Washington Post*, December 13, 1995, p. A27, viewed at: <http://www.ndsn.org/jan96/drugczar.html>.

¹⁵⁶ Treaster, "Clinton Continues Old Drug Policies." "What we have here is a budget that says 'business as usual,'" said Dr. LaMond Tullis, a professor of political science at Brigham Young University in Provo, Utah, and a drug policy consultant to the United Nations. "It seems we're going to go on doing things we know don't work." Ibid. Carpenter, Cato Institute Foreign Policy Briefing No. 26.

¹⁵⁷ Treaster, "Clinton Continues Old Drug Policies."

¹⁵⁸ Ibid. In his last year in office, Mr. Bush cut \$336 million from international operations and anti-smuggling efforts. He increased spending for drug treatment \$168 million while Mr. Clinton proposed a \$170 million increase. Ibid. Administration officials apologetically explained that the budget had been prepared before a detailed drug strategy could be worked out, and suggested that "the health-care overhaul being developed under the leadership of Hillary Rodham Clinton was likely to include increased spending for drug treatment."

¹⁵⁹ John Carnevale and Patrick Murphy, "Matching Rhetoric to Dollars: Twenty-Five Years of Federal Drug Strategies and Drug Budgets," *Journal of Drug Issues*, Volume 29, No. 2 (Spring 1999).

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ White House: Office of National Drug Control Policy website.
<https://www.ncjrs.gov/ondcppubs/publications/policy/00ndcs/v.html>.

¹⁶⁴ Ibid. Federal drug control agencies received an emergency supplemental appropriation of \$844 billion in FY 1999 that is not reflected in these totals. The supplemental appropriation was divided as follows: Defense, \$42 million; Justice, \$11.7 million; ONDCP, \$3.2 million; State, \$232.6 million; Transportation, \$264.7 million; Treasury, 266.7 million; All other, \$23.0 million.

¹⁶⁵ White House: Office of National Drug Control Policy website.
<https://www.ncjrs.gov/ondcppubs/publications/policy/00ndcs/v.html>.

¹⁶⁶ White House: Office of National Drug Control Policy, National Drug Control Budget, Executive Summary, Fiscal year 2002, April 9, 2001. <https://www.hsdl.org/?view&did=460029>.

¹⁶⁷ William J. Clinton: "Press Briefing by Director of National Drug Control Policy, Dr. Lee Brown," February 9, 1994. Online by Gerhard Peters and John T. Woolley, *The American*

Presidency Project. <http://www.presidency.ucsb.edu/ws/?pid=59752>. In announcing the new budget, Brown emphasized that there would be no reduction in the funding for supply-reduction, law enforcement, and interdiction. The enhanced funding requested for treatment and prevention was "new money." Ibid.

¹⁶⁸ Ibid.

¹⁶⁹ Joseph B. Treaster, "Clinton Continues Old Drug Policies," April 12, 1993, viewed at: <http://www.cato.org/pubs/fpbriefts/fpb026.pdf>. Clinton's campaign position was that rehabilitation should be made available to anyone who asked for it, despite the fact that it would cost hundreds of millions of dollars. Ibid.

¹⁷⁰ Ibid. ONDCP then estimated the hard-core drug population was then about 2.7 million, approximately 600,000 heroin addicts, and the rest crack cocaine and cocaine addicts.

¹⁷¹ William J. Clinton, "Press Briefing by Attorney General Janet Reno, Secretary of H.U.D. Henry Cisneros, Director of the Office of National Drug Control Policy Lee Brown, and Assistant Secretary of Treasury Ron Noble," March 29, 1994. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=59891>.

¹⁷² Among other things, the initiative funded a designated prosecutor in every U.S. Attorney's Office to coordinate the investigation and prosecution of federal violent crimes. William J. Clinton, "Press Briefing by Attorney General Janet Reno, Secretary of H.U.D. Henry Cisneros, Director of the Office of National Drug Control Policy Lee Brown, and Assistant Secretary of Treasury Ron Noble," March 29, 1994. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=59891>. William J. Clinton, "Press Briefing by Attorney General Janet Reno, Secretary of H.U.D. Henry Cisneros, Director of the Office of National Drug Control Policy Lee Brown, and Assistant Secretary of Treasury Ron Noble," March 29, 1994. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=59891>.

¹⁷³ William J. Clinton, "Statement on the Resignation of Lee Brown as Director of the Office of National Drug Control policy," December 12, 1995. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=50889>. Most significant, was the passage of the Violent Crime Control and Law Enforcement Act of 1994. "Three strikes and you're out," became the law of the land, and the federal government provided funding for 100,000 new police officers and 30,000 additional prison cells. William J. Clinton, "Remarks on Signing the Violent Crime Control and Law Enforcement Act of 1994," September 13, 1994. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=49072>. Whatever their long term potential might have been, Clinton's demand-reduction initiatives produced little in the way of positive, short-term results. As in other administrations, political expediency demanded a pro-law enforcement, "tough on crime" approach, with little regard for the cost or outcome.

¹⁷⁴ Pierre Thomas and Jim McGee, "Brown Ends Two-Year Tenure as Drug Policy Chief," *Washington Post*, December 13, 1995, p. A27. Announcing his resignation in Houston, Brown expressed frustration at the current climate in Washington. "At a time when we see a rise

in the use of illegal drugs by our adolescents, the proposed budget cuts in drug-fighting are wrong-headed and must be reversed," he said. Ibid.

¹⁷⁵ Clinton's selection of McCaffrey was "widely seen as a direct response to Republican election-year criticisms that the president was soft on drugs." Major Barrett K. Peavie, United States Army, "United States War on Drugs: Addicted to a Political Strategy of No End," School of Advanced Military Studies, United States Command and General Staff (College of Fort Leavenworth, KS: January 2001) 28.

<http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA391171&Location=U2&doc=GetTRD>.

¹⁷⁶ Ibid.

¹⁷⁷ William J. Clinton, "Press Briefing by General Barry McCaffrey," April 29, 1996. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=48807>. The "Five Pillar Strategy," called for motivating American youth to reject illegal drugs and substance abuse and eliminating the social consequences of illegal drug use, but did not include "treatment on demand." Other pillars of the strategy included: reducing drug-related crime and violence; eliminating the social consequences of illegal drug use; shielding our frontiers against drug trafficking; and reducing drug cultivation, production, and trafficking abroad and at home. The get-tough approach included get-tough legislation, including the Comprehensive Methamphetamine Control Act of 1996, which was designed to "stop meth before it becomes the crack of the 1990's." The Act followed the doubling of methamphetamine-related deaths between 1994 and 1996. William J. Clinton, "Remarks on Signing the Comprehensive Methamphetamine Control Act of 1996," October 3, 1996. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=52038>. William J. Clinton, "Press Briefing by General Barry McCaffrey," April 29, 1996. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=48807>. William J. Clinton, "Remarks Announcing the 1997 National Drug Control Strategy and an Exchange with Reporters," February 25, 1997. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=53779>.

¹⁷⁸ Ibid. Peavie, "United States War on Drugs," 46. The FY 1998 budget climbed to \$17.4 billion with virtually no change in the funding ratio. William J. Clinton, "Press Briefing by General Barry McCaffrey," December 11, 1997. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=48650>. In 1998, President Clinton and Director McCaffrey launched a five-year, \$2 billion National Youth Anti-Drug Media Campaign, the largest targeted effort ever to teach youth about the dangers of drugs. William J. Clinton, "Remarks Announcing the 1997 National Drug Control Strategy and an Exchange with Reporters," February 25, 1997. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=53779>.

The media campaign created a public furor when it was revealed that ONDCP had violated domestic propaganda and publicity prohibitions by preparing prepackaged news stories that did not disclose to television viewers that the government had produced them and had illegally spent appropriations to develop, produce and distribute the covert propaganda. "Office of National Drug Control Policy—Video News Release," U.S. Government Accountability Office. 2005-01-04. <http://www.gao.gov/decisions/appro/303495.htm>. Retrieved 2008-09-06.

¹⁷⁹ Most of that amount, \$862.3 million, was allocated to Colombia and the balance to neighboring countries (primarily Peru, Bolivia, and Ecuador) and to US agencies' Andean region antidrug operations. Of the \$862.3 million allocated to Colombia, \$521.2 million is new assistance to the Colombian armed forces and \$123.1 is assistance to the police, with the rest (\$218 million) going to alternative economic development, aid to displaced persons, judicial reform, law enforcement, and promotion of human rights. Angel Rabasa and Peter Chalk, "Colombian Labyrinth: The Synergy of Drugs and Insurgency and Its Implications for Regional Instability" (Santa Monica, CA: RAND Corporation, 2001), 62-63. http://www.rand.org/pubs/monograph_reports/MR1339/MR1339.ch6.pdf. The bulk of the military assistance was intended to support the Colombian armed forces' three counter-narcotics battalions, which received 16 UG-60 Black Hawk and 30 UH-1H transport helicopters. In addition, the cap on U.S. military personnel assisting in the Colombian drug/insurgent conflict was doubled to 500. Ibid.

¹⁸⁰ Ibid. In 2010, the Washington Office on Latin America concluded that both Plan Colombia and the Colombian government's security strategy "came at a high cost in lives and resources, only did part of the job, are yielding diminishing returns and have left important institutions weaker." "Colombia: Don't Call it a Model," *The Washington Office on Latin America*, July 13, 2010. http://www.wola.org/index.php?option=com_content&task=viewp&id=1134&Itemid=2.

¹⁸¹ Development of treatment for co-occurring mental and substance abuse disorders was one of the programs goals. H. Harwood, D. Fountain, and G. Livermore, *The Economic Costs of Alcohol and Drug Abuse in the United States 1992*, NIH Pub. No. 98-4327 (Rockville, MD: National Institutes of Health, 1998).

¹⁸² This change in the law permits Schedule III, IV or V narcotic medications that are FDA-approved for treatment of narcotic-use disorders to be used for medically-supervised detoxification or maintenance and facilitates patients' access to treatment by addiction medicine specialists and makes office-based care possible. Ibid.

¹⁸³ Between 1999 and 2007, over 48,000 persons died in the U.S. from AIDS due to transmission by infected needles. Eric Sterling, "40 Years of Drug War Hasn't worked; 'Time for a Change,' Says 9-Year Veteran," *Alternet*, June 15, 2011. http://www.alternet.org/story/151306/40_years_of_drug_war-hasn%27t_worked%3B_%22time_for_a_change%2C%22_says_9-year_veteran.

¹⁸⁴ William J. Clinton, "Press Briefing by Director of the Office of National Drug Control Policy General Barry McCaffrey, Deputy Director of the Office of National Drug Control Policy, Dr. Donald Vereen, and Chief of Staff of the Office of Drug Control Policy, Janet Crist," January 4, 2001. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=47890>.

¹⁸⁵ William J. Clinton, "Remarks Announcing the 1997 National Drug Control Strategy and an Exchange with Reporters," February 25, 1997. Online by Gerhard Peters and John t. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=53779>. The annual federal drug budget for criminal justice tripled from \$2.76 billion in 1989 to \$8.45 billion in 1999.¹⁸⁵

¹⁸⁶ William J. Clinton, "Message to the Congress Transmitting the 1997 National Drug Control Strategy," February 25, 1997. Online by Gerhard Peters and John T. Woolley, *The*

American Presidency Project. <http://www.presidency.ucsb.edu/ws/?pid=53780>. One objective of supply-reduction efforts has been to reduce the availability of drugs sufficiently to create scarcity, which (at least in theory) should drive prices up and, thereby, make drug users unable or unwilling to continue their drug use. This proposition has been the subject of numerous studies that have attempted to explain why, from 1981 to 2003, the prices of powder cocaine and heroin fell and the purity of these drugs increased, while their demand grew. See Executive Office of the President, ONDCP, *The Price and Purity of Illicit Drugs: 1981 Through the Second Quarter of 2003*, November 2004, 70.

¹⁸⁷ Michael Kramer, "Snow in August: Candidate George W. tries to stop the cocaine avalanche," *New York Daily News*, August 22, 1999.

¹⁸⁸ Anne E. Kornblut and Glen Johnson, *Boston Globe*, p. A6, Oct 7, 2001. Not surprisingly, the Gore campaign offered its own statistics, arguing that the number of drug users ages 25 to 34 had dropped 39%, and drug use by teenagers ages 12 to 17 declined 21% between 1997 and 1999. Moreover, a Gore spokesman stated, "Al Gore and this administration proposed the largest antidrug budget ever."

¹⁸⁹ Hutchinson would serve as DEA Administrator until January 2003 when he moved to the newly created Department of Homeland Security to lead the Border and Transportation Security Directorate (later renamed the Transportation Security Administration). Phillip Smith, "Bush's Drug Policy Troika," *Alternet*, May 14, 2001. http://www.alternet.org/story/10856/bush's_drug_policy_troika/?page=entire. Hutchison co-sponsored the 2000 Methamphetamine Antiproliferation Act and advocated strongly against a medical marijuana initiative and needle exchange programs in the District of Columbia. Ibid.

¹⁹⁰ As Director of the Office of National Drug Control Policy (ONDCP), Drug Czar Walters was fond of military interventions and long prison sentences, and made only token efforts to address concerns that he would ignore the treatment and prevention components of drug policy. Phillip Smith, "Bush's Drug Policy Troika," *Alternet*, May 14, 2001. http://www.alternet.org/story/10856/bush's_drug_policy_troika/?page=entire.

¹⁹¹ As Attorney General, Ashcroft's focus became the threat of terrorism after the attacks of Sept. 11, 2001. He played no significant role in the development of the national drug strategy. Peter Baker and Susan Schmidt, "Ashcroft's Complex Tenure At Justice," *The Washington Post*, May 20, 2007. <http://www.washingtonpost.com/wp-dyn/content/article/2007/05/19/AR2007051901275.html>.

¹⁹² Phillip Smith, "Bush's Drug Policy Troika," *Alternet*, May 14, 2001. http://www.alternet.org/story/10856/bush's_drug_policy_troika/?page=entire.

¹⁹³ *National Youth Anti-Drug Media Campaign: How to Ensure the Program Operates Efficiently and Effectively*, Testimony to Congress, August 1, 2001. Walters was so confident in the efficacy of the program that he invested \$7 million a year in performance measurement-related spending to determine the effectiveness of the campaign. However, in 2002, a study commissioned by ONDCP reported that teenagers exposed to federal anti-drug ads were no less likely to use drugs for having viewed them and some young girls said they were even more likely to give drugs a try. Walters blamed poor ads that failed to resonate with teenagers, and promised in 2002 Senate testimony that he would show results within a year or admit failure. Congress

agreed to extend the campaign through 2003 while cutting funding for the ads from \$170 million in 2002 to \$150 million in 2003. An entirely new advertising campaign was created. Shawn Zeller, "Ads, Drugs & Money," *Government Executive*, September 19, 2003.

In February 2005, a new research company hired by ONDCP and the National Institute on Drug Abuse reported that the government's ad campaign aimed at dissuading teens from using marijuana, a campaign that cost \$1.4 billion between 1998 and 2006, did not work. "[G]reater exposure to the campaign was associated with weaker anti-drug norms and increases in the perceptions that others use marijuana." The research company was paid \$42.7 million for the five-year study. After the February 2005 report was received, the office continued the ad campaign, spending \$220 million on the anti-marijuana ads in fiscal years 2005 and 2006. Ryan Grim, *A White House Drug Deal Gone Bad: Sitting on the Negative Results of a Study of Anti-Marijuana Ads*, *Slate* magazine, September 7, 2006.

¹⁹⁴ Jeff Zeleny, "Bush's Drug Policy Highlights Terror Link," *Chicago Tribune*, February 13, 2002. http://articles.chicagotribune.com/2002-02-13/news/0202130313_1_illegal-drugs-drug-control-prescription-drug-fraud. The budget request included \$52 million in DEA's budget to be used to fight terrorism. In 2004, DEA announced its participation in the U.S. Embassy Kabul Counternarcotics Implementation Plan, designed to reduce heroin production in Afghanistan, the world's leading opium producer.

¹⁹⁵ Zeleny, "Bush's Drug Policy Highlights Terror Link." On February 13, 2002, Bush suggested that the 9/11 attacks were made possible through the sale of illegal substances like heroin and other drugs. Nearly 70 percent of the world's heroin supply comes from Afghanistan, officials say. Even though the ousted Taliban regime had banned the production of opium poppies during its rule, Bush said the drug trade provided "a significant amount of money to the people that were harboring and feeding and hiding those who attacked and killed thousands of innocent Americans." Ibid. The President's remarks continued a theme the White House launched during the February 3rd Super Bowl with graphic television commercials linking drug sales to terrorism. Ibid.

¹⁹⁶ White House Office of National Drug Control Policy, "National Drug Control Strategy: FY 2003 Budget Summary," (Washington, DC: Office of the President, February 2002), Table 2, p 6.

¹⁹⁷ CDSP Research Report, "Revising the Federal Drug Control Budget Report: Changing Methodology to Hide the Cost of the Drug War?" Common Sense for Drug Policy, (Washington DC: 2003).

¹⁹⁸ Beginning in FY 2004, ONDCP made significant changes in the way it computed the national drug budget. The new methodology was designed, according to ONDCP, so that the budget would reflect "only those expenditures aimed at reducing drug use rather than, as in the past, those associated with the consequences of drug use." Peter Reuter, "An Assessment of ONDCP's Budget Concept, Testimony presented to the House of Representatives Committee on Government," February 10, 2005. As a result, the FY 2004 budget request of \$11.7 was touted as including an increase of \$440.3 million over the FY 2003 budget, despite the fact that the FY 2003 budget was \$19.2 billion. This feat of mathematical gymnastics was accomplished by

retrospective application of the new budget accounting methodology to effectively reduce the FY 2003 budget total by approximately \$75 billion by excluding, among other things, almost all costs associated with the prosecution and incarceration of federal drug prisoners – approximately \$4.5 billion. On the other hand, the new drug budget approach expanded the amount of money reported for drug treatment spending by including hundreds of millions of dollars in alcohol treatment spending not previously included in the drug budget. For example, SAMHSA's full substance abuse treatment block grant funding will be included in the drug treatment budget report, including \$55 million for alcohol treatment. This, despite a specific Congressional prohibition on ONDCP's involvement in alcohol abuse treatment matters. CSDP Research Report, "Revising the Federal Drug Control Budget Report: Changing Methodology to Hide the Cost of the Drug War?" Common Sense for Drug Policy, Washington, DC. <http://proxy.baremetal.com/csdp.org/research/ondcpenron.pdf>. White House Office of National Drug Control Policy, FY 2003 Budget Summary Office of National Drug Control Policy, *National Drug Control Strategy, FY 2005 Budget Survey* (Washington, DC: March 2004). <https://www.ncjrs.gov/pdffiles1/ondcp/203723.pdf>.

¹⁹⁹ White House Office of National Drug Control policy, *National Drug Control Strategy, FY 2007 Budget Survey*, (Washington, DC: February 2006). <https://www.ncjrs.gov/pdffiles1/ondcp/212977.pdf>.

²⁰⁰ Ibid.

²⁰¹ Ibid.

²⁰² White House Office of National Drug Control policy, *National Drug Control Strategy, FY 2008 Budget Survey* (Washington, DC: February 2007). <https://www.ncjrs.gov/pdffiles1/ondcp/216432.pdf>.

²⁰³ U.S. Department of Justice, Bureau of Justice Statistics and Crime Facts: Drug control budget. <http://bjs.ojp.usdoj.gov/content/dcf/dcb.cfm>.

²⁰⁴ Maia Szalavitz, "Tearing Apart Bush's Drug Plan," *Alternet*, February 19, 2002. http://www.alternet.org/story/12439/tearing_apart_bush's_drug_plan/. Bush's plan promised to cut drug use by 25 percent in five years, unduly optimistic, but modest in comparison to Congress's 1988 plan which had America entirely drug-free by 1995. Ibid.

²⁰⁵ Nearly \$1.6 billion has been pledged for treatment programs over the next five years, he said. Zeleny, "Bush's Drug Policy Highlights Terror Link."

²⁰⁶ The administration's proposal drew criticism from treatment advocates who argued that the drug problem would be solved only through health programs, not heightened law enforcement. Critics said the drug budget devotes two-thirds of its money to military-style enforcement, with the rest going to treatment and prevention programs. Ibid.

²⁰⁷ Bush signed the Mérida Initiative in 2008, committing \$1.4 billion to Mexico and other countries over three years to help combat drug trafficking and transnational crime. The funds were earmarked for military and law enforcement training and equipment, as well as technical advice and training to strengthen the national justice systems. Claire Suddath, "Brief History: The War on Drugs," Time.com (March 25, 2009). <http://www.time.com/time/world/article/0,8599,1887488,00.html#ixzz17k4ZwMak>; Jane's

Defense Weekly, "Mexico's 2008 defence budget goes under review," December 11, 2007. http://www.janes.com/news/defence/business/jdw/jdw071211_1_n.shtml; Politico.com, "Bush pushes Mexico money in Iraq bill," May 8, 2008. <http://www.politico.com/news/stories/0508/10180.html>. However, the flow of drugs across the U.S. Southwest border did not diminish.

²⁰⁸ According to a study by the Rand Corporation, it would take 11 times as much money to reduce demand for cocaine by 1 percent using interdiction than it would to do so via treatment spending; similar figures are believed to apply for other drugs. C. Peter Rydell and Susan S. Everingham, *Controlling Cocaine: Supply Versus Demand Programs* (Prepared for the Office of National Drug Control Policy and the United States Army) (Santa Monica, CA: RAND Drug Policy Research Center, 1994), xvi.

²⁰⁹ "Public Views Clash with U.S. Policy on Cuba, Immigration, and Drugs," Zogby International, October 2, 2008. <http://www.zogby.com/news/readnews.cfm?ID=1568>.

²¹⁰ The Bush administration's 2002 goal of reducing all illegal drug use by 25% led to unprecedented numbers of marijuana-related arrests; however, marijuana use only declined 6%, and the use of other drugs actually increased. Claire Suddath, "Brief History: The War on Drugs," Time.com (March 25, 2009). <http://www.time.com/time/world/article/0,8599,1887488,00.html#ixzz17k4ZwMak>.

²¹¹ John Carnevale, "The Policy-Budget Mismatch," Carnevale Associates Policy Brief (Gaithersburg, MD: September 2009). Beginning in FY 2004, ONDCP made significant changes in the way it computed the national drug budget. The new methodology was designed, according to ONDCP, so that the budget would reflect "only those expenditures aimed at reducing drug use rather than, as in the past, those associated with the consequences of drug use." Peter Reuter, "An Assessment of ONDCP's Budget Concept, Testimony presented to the House of Representatives Committee on Government," February 10, 2005. As a result, the FY 2004 budget request of \$11.7 was touted as including an increase of \$440.3 million over the FY 2003 budget, despite the fact that the FY 2003 budget was \$19.2 billion. This feat of mathematical gymnastics was accomplished by retrospective application of the new budget accounting methodology to effectively reduce the FY 2003 budget total by approximately \$75 billion by excluding, among other things, almost all costs associated with the prosecution and incarceration of federal drug prisoners – approximately \$4.5 billion. On the other hand, the new drug budget approach expanded the amount of money reported for drug treatment spending by including hundreds of millions of dollars in alcohol treatment spending not previously included in the drug budget. For example, SAMHSA's full substance abuse treatment block grant funding will be included in the drug treatment budget report, including \$55 million for alcohol treatment. This, despite a specific Congressional prohibition on ONDCP's involvement in alcohol abuse treatment matters. CSDP Research Report, "Revising the Federal Drug Control Budget Report: Changing Methodology to Hide the Cost of the Drug War?" Common Sense for Drug Policy, Washington, DC. <http://proxy.baremetal.com/csdp.org/research/ondcpnron.pdf>. White House Office of National Drug Control Policy, FY 2003 Budget Summary Office of National Drug Control Policy, *National Drug Control Strategy, FY 2005 Budget Survey* (Washington, DC: March 2004). <https://www.ncjrs.gov/pdffiles1/ondcp/203723.pdf>.

²¹² Vanity Fair, Sketches of the Drug Czars.

²¹³ Katharine Q. Seelye, "Barrack Obama, asked about drug history, admits he inhaled," *The New York Times*, October 24, 2006. As he revealed in his book, *Dreams from My Father*: "Pot had helped, and booze; maybe a little blow when you could afford it. Not smack though." Barack Obama, *Dreams from My Father: A Story of Race and Inheritance* (New York:Three Rivers Press), 2004.

²¹⁴ John K. Wilson, *Barrack Obama: This Improbable Quest* (Boulder, CO: Paradigm, 2008)12-13.

²¹⁵ Candidate Obama had also insisted that medical marijuana was an issue best left to state and local governments, promising an end to the Bush administration's high-profile raids on providers of medical marijuana. Attorney General Holder vowed that Justice Department resources would not be used to circumvent state marijuana laws. However, the federal détente soon collapsed. Tim Dickinson, "Obama's War on Pot," *Rolling Stone*, February 16, 2012. <http://www.rollingstone.com/politics/news/obamas-war-on-pot-20120216>. The public comments of Drug Czar Kerlikowske began to sound remarkably similar to those of his predecessors. "Marijuana is dangerous and has no medicinal benefit." *Vanity Fair*, Sketches of the Drug Czars.

²¹⁶ B. Curley, "Obama's first drug budget fails to shift priorities." http://www.jointogether.org/news/features/2009/obamas-first_drug-budget.html.

²¹⁷ Richard Cortes, "Sketches of the Drug Czars," *Vanity Fair*, July 29, 2009. <http://www.vanityfair.com/politics/features/2009/07/drug-czars-slideshow200907#slide=1>.

²¹⁸ Office of National Drug Control policy, "National Drug Control Strategy, FY 2011 Budget Survey," White House: Washington, DC, February 2010. In February 2011, ONDCP announced that it had once again restructured the Federal drug control budget "to more accurately represent the full range of federal spending, including costs associated with the consequences of drug use." According to ONDCP, "the new budget structure and framework prove[s] an inclusive and true description of the Federal contribution dedicated to the drug-control problem." The fact sheet does not provide a detailed explanation of the methodology; however, it does provide a list of new agencies and programs added to the FY 2012 National Drug Control Budget calculation, most of which appear to be traditional supply-reduction activities. Office of National Drug Control Policy, Fact Sheet: Changes to the National Drug Control Budget, February 2011. Under the "revised budget structure," ONDCP claims an increase of 100% in demand-reduction expenditures, as compared with an increase of only 50% in supply-reduction expenditures for FY 2010-2012. Whether the change in methodology was designed to hide the true cost of the war on drugs or distort the ratio between supply/demand spending, it has that result. The figures used in the table were also included in the ONDCP fact sheet and described as computations made under the "previous budget structure." The figures clearly understate the totals expended; however, the percentages apportioned between demand-reduction and supply-reduction appear sufficiently accurate for comparison to the figures for earlier years.

²¹⁹ White House Office of National Drug Control Policy, *The National Drug Control Strategy, FY 2011 Budget Survey* (Washington, DC: February 2010). <http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/fy11budget.pdf>.

²²⁰ Ibid.

²²¹ White House Office of National Drug Control Policy, *The National Drug Control Budget: FY 2013 Funding Highlights* (Washington, DC: February 2012). <http://www.whitehouse.gov/ondcp/the-national-drug-control-budget-fy-2013-funding-highlights>.

²²² Changes in accounting methodology create a misleading appearance of dramatic increases in both supply-reduction and demand-reduction spending. Phillip Smith, "What's in Obama's New Drug War Budget? (Hint: Same, Old Broken Policies)," *Drug War Chronicle*, February 18, 2012. Viewed at: http://www.alternet.org/story/154178/what%27s_in_obama%27s_new_drug_war_budget_%28hint%3A_same%2C_old_broken_policies%29.

²²³ Ibid.

²²⁴ The \$15.5 billion represents an increase of 3.5% over the 2010 budget, two-thirds of it (\$9.7 billion) for law enforcement and other supply-reduction efforts, and one-third (about \$5.6 billion) for prevention and treatment. Phillip S. Smith, "Obama Wants More Money for the Failed Drug War," *Drug War Chronicle*, February 5, 2010, viewed at *Alternet.org*. http://www.alternet.org/drugs/145563/obama_wants_more_money_for_the_failed_drug_war/?page=1. Yet, Drug Czar Kerlikowske called the imbalanced budget "balanced." "The new budget proposal demonstrates the Obama administrations' commitment to a balanced and comprehensive drug strategy," said Kerlikowske. "In a time of tight budgets and fiscal restraint, these new investments are targeted at reducing Americans' drug use and the substantial costs associated with the health and social consequences of drug abuse." Ibid. The promise of a balanced approach is one that has been made by every Administration since Nixon.

²²⁵ In February 2011, ONDCP announced that it had once again restructured the Federal drug control budget "to more accurately represent the full range of federal spending, including costs associated with the consequences of drug use." According to ONDCP, "the new budget structure and framework prove[es] an inclusive and true description of the Federal contribution dedicated to the drug-control problem." The fact sheet does not provide a detailed explanation of the methodology; however, it does provide a list of new agencies and programs added to the FY 2012 National Drug Control Budget calculation, most of which appear to be traditional supply-reduction activities. Office of National Drug Control Policy, "Fact Sheet: Changes to the National Drug Control Budget," February 2011. Under the "revised budget structure," ONDCP could claim an increase of 100% in demand-reduction expenditures in the FY 2013 budget, as compared with an increase of only 50% in supply-reduction expenditures. Whether the change in methodology was designed to hide the true cost of the war on drugs or distort the ratio between supply/demand spending, it has that result. The figures used in the table were also included in the ONDCP fact sheet and described as computations made under the "previous budget structure." The figures clearly understate the totals expended; however, the percentages apportioned between demand-reduction and supply-reduction appear sufficiently accurate for comparison to the figures for earlier years.

²²⁶ The proposed budget increases federal anti-drug funding by 1.6% over fiscal year 2012. Although funding for prevention and funding for prevention and treatment would increase by 4.6%, some treatment and grant programs would be cut, while supply-reduction programs see increases. The budget emphasizes drug courts and criminal justice-based drug treatment; cuts SAMHSA (which provides treatment resources), but increases spending for prison-based treatment. The \$364 million earmarked for SAMHSA's treatment programs is a \$61 million

reduction from FY 2012. Meanwhile, drug courts are in for a \$17 million increase to \$52 million and BOP drug treatment programs would get a \$16 million increase to \$109 million. In sum, the 2013 budget request represents a 3% increase for treatment and an 11% decrease for prevention. Phillip Smith, "What's in Obama's New Drug War Budget? (Hint: Same, Old Broken Policies)," *Drug War Chronicle*, February 18, 2012. Viewed at: http://www.alternet.org/story/154178/what%27s_in_obama%27s_new_drug_war_budget_%28hint%3A_same%2C_old_broken_policies%29.

²²⁷ Phillip Smith, "What's in Obama's New Drug War Budget? (Hint: Same, Old Broken Policies)," *Drug War Chronicle*, February 18, 2012. Viewed at: http://www.alternet.org/story/154178/what%27s_in_obama%27s_new_drug_war_budget_%28hint%3A_same%2C_old_broken_policies%29.

²²⁸ Ibid. Those include, operations for the federal Bureau of Prisons (budgeted at \$8.3 billion for 2011). Since more than half of all federal prisoners are serving time for drug offenses, the argument goes, the real cost of current drug policies should be increased by at least \$4 billion. Only \$79 million of the Federal Bureau of Prisons' budget is counted as part of the national drug strategy budget. Ibid.

²²⁹ Office of National Drug Control Policy, Office of Public Affairs, *Fact Sheet: U.S. Drug Policy*, April 17, 2012; Zogby International. (October 2008). *Zogby/Inter-American Dialogue Survey: Public Views Clash with U.S. Policy on Cuba, Immigration, and Drugs*. <http://www.zogby.com/news/ReadNews.cfm?ID=1568>.

²³⁰ Remarks of ONDCP Director Gil Kerlikowske as Prepared for Delivery to the Center for American Progress, Washington, DC, May 1, 2012. (Copy in author's files) Viewable at: www.c-spanvideo.org/program/305743-1.

²³¹ The latest available federal data shows that drug arrests during President Obama's first year in office are up compared to those during the first year of President Bush's administration. The arrest rate hasn't changed significantly despite the White House's own admission that we cannot "arrest or incarcerate our way out of a problem this complex." Ending the Drug War: A Dream Deferred," Law Enforcement Against Prohibition, June 2011, p 8. www.CopsSayLegalizeDrugs.com/40years.

²³² Although the Obama administration hasn't matched its deeds to its words with respect to a real shift in the drug control strategy, the fault for our long-entrenched drug policies does not solely lie with this or any particular president. Ending the Drug War: A Dream Deferred," Law Enforcement Against Prohibition, June 2011, p 15. www.CopsSayLegalizeDrugs.com/40years.

²³³ Ibid. "This is very much the same drug budget we've been seeing for years," said Bill Piper, national affairs director for the Drug Policy Alliance (DPA).

²³⁴ In a February 2000 report prepared for the National Institute of Justice, a team of researchers concluded that a strategy based on supply-reduction simply cannot work:

Given experiences since the beginning of the war on drugs, which initiated major expansions in expenditures on supply-based programs, it seems more

reasonable to conclude that the Nation will not be able to have any large future influence on decreasing the availability and increasing the price of illicit drugs.

Abt Associates, Inc., "Illicit Drugs: Price Elasticity of Demand and Supply," February 2000. <http://www.abtassociates.com/reports/20008744845311.pdf>.

²³⁵ C.P. Rydell and S.S. Everingham, "Controlling Cocaine," Prepared for the Office of National Drug Control Policy and the United States Army (Santa Monica, CA: Drug Policy Research Center, RAND Corporation, 1994), xvi. http://www.rand.org/pubs/monograph_reports/MR331.html. The Rand report analyzes the relative cost-effectiveness of four available drug interventions: (1) source country control; (2) interdiction; (3) domestic enforcement; and (4) treatment of heavy users. The first three focus on supply-control, whereby the cost of supplying cocaine is increased by seizing drugs and assets and by arresting and incarcerating dealers and their agents. The fourth is a demand-control program because it reduces consumption directly, without going through the price mechanism. The Rand researchers confirm that the bulk of the drug budget (an estimated \$13 billion in the year prior to publication) is spent on domestic enforcement; only a small percentage of the total budget is allocated to the treatment of heavy users; and, given the high cost of supply control programs, treatment of heavy users may be a more cost-effective way of dealing with drug interventions. See also Peavie, "United States War on Drugs," 45.

²³⁶ Fully 76% of the American people and 67% of chiefs of police have declared the drug war a failure, according to polls. "Ending the Drug War: A Dream Deferred," Law Enforcement Against Prohibition, June 2011. www.CopsSayLegalizeDrugs.com/40years.

²³⁷ Eric Sterling, "40 Years of Drug War Hasn't worked; 'Time for a Change,' Says 9-Year Veteran," *Alternet*, June 15, 2011. http://www.alternet.org/story/151306/40_years_of_drug_war_hasn%27t_worked%3B_%22time_for_a_change%2C%22_says_9-year_veteran. The U.S. Department of Justice, National Drug Intelligence Center, "The Economic Impact of Illicit Drug Use on American Society 2011." Peter Reuter, "An Assessment of ONDCP's Budget Concept," Testimony presented to the House of Representatives Committee on Government, February 10, 2005.

²³⁸ Carnevale Associates, "Policy Brief."

²³⁹ National Survey on Drug Use and Health, <https://nsduhweb.rti.org/>; FBI Uniform Crime Reports, <http://www.fbi.gov/about-us/cjis/ucr/ucr>. In 2010, 82% of high school seniors report that marijuana is easy to obtain—a decrease in perception of only 2% in 20 years. American Civil Liberties Union, "Feds Don't Walk Their Talk in Drug Control Budget," 2012. <http://www.aclu-wa.org/blog/feds-dont-walk-their-talk-drug-control-budget>.

²⁴⁰ Claire Suddath, "Brief History: The War on Drugs," Time.com (March 25, 2009). <http://www.time.com/time/world/article/0,8599,1887488,00.html#ixzz17k4ZwMak>.

²⁴¹ The rate has remain unchanged since 2002. Carnevale Associates, "Policy Brief: The Continued Standstill in Reducing Illicit Drug Use," (Gaithersburg, MD: September 2009).

²⁴² Ibid.

²⁴³ Ibid. The total number of drug offenders in the prison system (federal and state combined) is approximately one-half million, as large as the entire addict population of 1900.

²⁴⁴ United States Department of Justice, National Drug Intelligence Center, *National Drug Threat Assessment* 2009, p III.

²⁴⁵ In his 1971 message, Nixon lamented 1,000 narcotics deaths in New York City (then the epicenter of the heroin addiction problem) in 1970. At the end of 1979, the annual number of drug abuse deaths was 7,101. That number rose to 9,976 in 1986, the year basketball star Len Bias died from a cocaine-induced seizure. However, in 2007, there were an estimated 38,000 drug overdose deaths nationwide. The death rate has grown from 3.0 per 100,000 in 1980 to 12.8 in 2006. Eric Sterling, "40 Years of Drug War Hasn't worked; 'Time for a Change,' Says 9-Year Veteran," *Alternet*, June 15, 2011. http://www.alternet.org/story/151306/40_years_of_drug_war-hasn%27t_worked%3B_%22time_for_a_change%2C%22_says_9-year_veteran.

²⁴⁶ Liz Szabo, "Addicted infants triple in decade," *USA Today*, May 1, 2012. Approximately 13,539 infants per year.

²⁴⁷ Peter Reuter, "The Limits and Consequences of U.S. Foreign Drug Control Efforts," *The Annals of the American Academy of Political and Social science*, Vol 521, May 1992.

²⁴⁸ The vast size of the drug marked "has the power to negate all supply-side drug control efforts aimed at reducing the availability of illicit drugs to U.S. consumer." Wes Fryer, "U.S. Drug Control Policy: Where We Have Been," <http://www.wesgryer.com/drugwar.html#past>.

²⁴⁹ Even if we are uncertain what shape the new strategy should take, we cannot continue to repeat the mistakes of the past.. See, e.g., George Santayana, "The Life of Reason," Volume 1. ("Those who cannot remember the past are condemned to repeat it.")

²⁵⁰ Nearly every administration has conceded (at least privately) that the best way to affect supply is to reduce demand for drugs. However, the rhetoric has never matched the reality. See e.g., Szalavitz, "Tearing Apart Bush's Drug Plan."

²⁵¹ http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Commission_Report_English.pdf.

²⁵² The Commission includes the former presidents or prime ministers of five countries, a former secretary general of the United Nations, human rights leaders, and business and government leaders, including Richard Branson, George P. Shultz and Paul A. Volcker. The report describes the total failure of the present global antidrug effort, with particular emphasis on America's 40 year "war on drugs." It notes that the global consumption of opiates has increased 34.5 percent, cocaine 27 percent and cannabis 8.5 percent from 1998 to 2008. Ibid.

²⁵³ National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction," September 2009. <http://www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction>. Addiction need not be a life sentence. Like other chronic diseases, it can be managed successfully. Treatment enables people to counteract addiction's powerful effects on the brain and behavior and regain control of their lives. National Institute on Drug Abuse, "The Science of Addiction," National Institute of Health Pub Number 10-5605 (rev'd

August 2010); Caron Treatment Centers, "Relapse & Recovery: Behavioral Strategies for Change," 15-17.

²⁵⁴ The average cost for 1 year of methadone maintenance treatment is approximately \$4,700 per patient, compared to approximately \$24,700 for 1 year of imprisonment. Ibid.

²⁵⁵ In a study sponsored by ONDCP and the U.S. Army, researchers C. Peter Rydell and Susan Everingham compared the effectiveness of four types of drug-control programs: source-country efforts, interdiction, domestic law enforcement, and drug treatment. How much money, they asked, would the Government have to spend on each approach to reduce national cocaine consumption by 1 percent? Rydell and Everingham developed a model of the national cocaine market, then fed into it more than 70 variables, from seizure data to survey responses.

Relying solely on domestic law enforcement, the Government would have to spend an additional \$246 million to reduce U.S. cocaine consumption by 1 percent. Relying on interdiction, it would have to spend \$366 million, and on source-country programs, \$783 million. Relying solely on drug treatment, however, the Government would only have spend \$34 million more. In other words, treatment was 7 times more cost effective than domestic law enforcement, 10 times more effective than interdiction and 23 times more effective than attacking drugs at their source. C. Peter Rydell and Susan S. Everingham, *Controlling Cocaine: Supply Versus Demand Programs* (Prepared for the Office of National Drug Control Policy and the United States Army) (Santa Monica, CA: RAND Drug Policy Research Center, 1994), xvi.

In another study by the National Association of State Alcohol and Drug Abuse Directors, \$1 in treatment brings a return of \$11.54 for society. Harris, *Drugged America*, 154. The legal structure that is needed for increasing access has been in place since 1972. The Drug Abuse Office and Treatment Act was probably the most important statute enacted during the short era of enlightened and progressive drug policy. Similarly, when effective pharmacotherapies emerge, we should also subsidize their use.

²⁵⁶ Examples of this type of treatment include Methadone and Levo-alpha-acetylmethadol (LAAM) for opiate withdrawal, benzodiazepine and anti-seizure drugs for barbiturate withdrawal. To prevent relapses, other drugs, like Naltrexone and Buprenorphine/naloxone that reduce cravings and blocks the effects of opiates. Researchers continue to investigate effective treatments for cocaine and amphetamine addiction and several drugs are currently in clinical trials. Doctors around the globe are exploring other promising addiction treatments. Ibogaine, a hallucinogenic drug derived from used in some African religious rites is an example of one such approach. Although illegal in the United States, between 20 and 30 ibogaine clinics operate in various countries to treat heroin addiction. "Addiction Treatments Past and Present," <http://learn.genetics.utah.edu/content/addiction/issues/treatments.html>; National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction," September 2009. <http://www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction>.

²⁵⁷ "Addiction Treatments Past and Present," <http://learn.genetics.utah.edu/content/addiction/issues/treatments.html>.

²⁵⁸ National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction," September 2009. <http://www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction>.

²⁵⁹ SAMHSA has estimated that about 1-in-10 people with serious substance abuse problems (2.3 million of 23 million) received treatment in 2005. Substance Abuse and Mental Health Services Administration, Results from the 2005 National Household Survey on Drug Use and Health: National Findings, DHHS Publication No. SMA 06-4194 (2006).

²⁶⁰ Over time, we ought to be able to reduce our reliance on the criminal justice system substantially. Richard J. Bonnie, “The Virtues of Pragmatism in Drug Policy,” 13 *Journal of Health Care Law and Policy* (2010), 7.

²⁶¹ Treatment alternatives to criminal punishment were an important component of the strategy of the 1970s that was eroded during the 1980s and early 1990s. Richard J. Bonnie, “The Virtues of Pragmatism in Drug Policy,” The Stuart Rome Lecture, University of Maryland Law School (College Park, MD: November 7, 2008). The establishment of more than 2000 drug courts since 1995 is a good step in that direction. *Ibid.* Conditional dispositions linked to drug treatment also remain available in many, ordinary criminal courts.

²⁶² National Institute on Drug Abuse, “InfoFacts: Treatment Approaches for Drug Addiction,” September 2009. <http://www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction>.

²⁶³ Family members, friends and employers regularly provide the same type of therapeutic leverage. *Ibid.* As Bonnie suggests:

Criminalization of consumption-related offenses is legitimate – as an instrument of deterrence and prevention for non-addicted offenders, and, most importantly for our present topic, as an instrument of therapeutic leverage for addicted offenders.

Ibid. See also, Redonna K. Chandler, Bennett W. Fletcher & Nora D. Volkow, “Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety,” *Journal of the American Medical Association*, no. 183 (2009), 301.

²⁶⁴ Although this is already occurring in several thousand state and local courts nationwide, there is no similar, federal program. The Department of Justice recently changed its own policies (as codified in the U.S. Attorneys’ Manual) to make alternatives to incarceration more available. In March 2011, DOJ expanded the permissible pretrial diversion programs “to include those that address addicted defendants through treatment and monitoring, rather than prosecution.” Deputy Attorney General James M. Cole Speaks on Alternatives to Incarceration Programs: the Use of “Drug Courts” in the Federal and State Systems, New York, NY, May 21, 2012. Viewed at <http://www.justice.gov/iso/opa/dag/speeches/2012/dag-speech-120521.html>. Efforts to implement drug courts and other alternatives to federal incarceration have, thus far, been sporadic and largely dependent on the energy and initiative of individual U.S. Attorneys. Examples include the Central District of Illinois, where the Pretrial Alternatives to Detention Initiative (PADI) permits some defendants charged with felony drug offenses to be offered pretrial diversion and to have their charges reduced or dismissed upon successful completion of rehabilitation. The Conviction and Sentence Alternative (CASA) program in the Central District of California and the BRIDGE court program in the District of South Carolina are similar programs that provide diversion options for defendants with substance abuse problems. *Ibid.*

Studies by the National Institute on Drug Abuse have confirmed the efficacy of such programs:

Combining prison- and community-based treatment for addicted offenders reduces the risk of both recidivism to drug-related criminal behavior and relapse to drug use, which, in turn, nets huge savings in societal costs.

National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction," September 2009. <http://www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction>.

²⁶⁵ For 40 years the budget trends have run counter to what research would otherwise suggest: efforts to reduce demand are best addressed through treatment and prevention rather than supply reduction. Ibid. "The virtue of pragmatism in drug policy is that it focuses our attention on what works best." Bonnie, "The Virtues of Pragmatism in Drug Policy."

²⁶⁶ Massing, "The Fix," 272. Defenders of the current drug prohibition approach argue that the fall in drug prices following legalization or even after some slackening of enforcement would lead to a large increase in drug "abuse." This claim rests on the standard prohibitionist assumption that all use is abuse and the further assumption that price is a major consideration for most users or would-be users. And many researchers insist that drug prices directly affect the "bottom line." That is, higher prices result in reduced use and fewer emergency room visits. Dhaval Dave, "The effects of cocaine and heroin price on drug-related emergency department visits," *Journal of Health Economics*, August 2005. <http://www.appstate.edu/~whiteheadjc/eco4810/crap/jhe-drugs.pdf>. However, in the view of other experts, personal preferences and social norms influence most people more than the price of drugs. Mary M. Cleveland, "Economics of Illegal Drug Markets: What Happens If We Downsize the Drug War?" http://www.mcleveland.org/publications/Economics_of_Illegal_Drug_Markets.CV.pdf. In either case, of one thing we can be certain. An increase in the price of drugs will result in an increase in violent crime as hard-core users struggle to feed their habit. Higher prices require higher income by users. If users cannot earn enough by legal means to pay higher prices, then they may be induced to engage in illegal conduct—theft, burglary, robbery—that they would not otherwise engage in. Mark H. Moore, *Buy and Bust* (Cambridge, MA: Lexington, 1977), Chapter 2. See also Llewellyn Hinkes-Jones, "How the Plummeting Price of Cocaine Fueled the Nationwide Drop in Violent Crime," *The Atlantic Cities* (November 11, 2011). <http://www.theatlanticcities.com/jobs-and-economy/2011/11/cocaine-plummeting-price-nationwide-drop-violent-crime/474/>.

²⁶⁷ John Carnevale, "The Failure of the Office of National Drug Control Policy," *The Huffington Post*, July 14, 2008. http://www.huffingtonpost.com/john-carnevale/the-failure-of-the-office_b_112693.html?view=p.

²⁶⁸ Wesley A. Fryer, "U.S. Drug Control in the Americas: Time for a Change," August 30, 1993. <http://www.wesfryer.com/drugwar.html#conclusion>. See also, John Carnevale, "Is the Policy-Budget Mismatch to Blame," Carnevale Associates Policy Brief (Gaithersburg, MD: September 2009).

²⁶⁹ In the words of one anonymous wag: "The most powerful drug law is the law of supply and demand."

²⁷⁰ And, even if we could, domestically-produced marijuana, methamphetamine, and a host of illicit synthetic drugs would still be available to meet demand. Yet, for 40 years, successive administrations have annually sought additional funds to bolster supply-reduction efforts. The unspoken promise in each annual budget request has been: "With just a bit more money and a few more agents and prosecutors, the strategy is certain to succeed." The scene is reminiscent of a famous *New Yorker* cartoon (based on the well-known nursery rhyme "Humpty Dumpty") in which a crowned king addressing his royal cabinet, declares: "Gentlemen, the fact that all my horses and all my men couldn't put Humpty together again simply proves to me that I must have more horses and more men." Dana Fradon, *New Yorker*, July 24, 1978.

²⁷¹ We must ensure that the "cost" of manufacturing, importing, and distributing drugs in America remains painfully high and the potential "profit" unattractively low. Some administrations have adopted strategies promising to "take the profit out of drugs," by seizing the ill-gotten gains of traffickers (usually in the form of bulk cash and international currency transfers). Unfortunately, our success rate on seizing outbound dollars has been little more successful than our efforts to seize inbound drugs.

Improved strategic intelligence and analysis could enhance our supply reduction efforts. In the opinion of some experts, most of the advantages of prohibition can be attained with modest levels of overall enforcement coupled with targeting of dealers whose behavior poses a particular risk to the community (e.g., use of juvenile distributors, violence against competitors). Tougher enforcement across the board does not appear to significantly raise drug prices or restrict availability; it imposes rather high individual and social costs. Jonathan P. Caulkins and Peter Reuter, "How Drug Enforcement Affects Drug Prices," August 26, 2010. Viewed at: <http://www.publicpolicy.umd.edu/uploads/cms/faculty/reuter/Drug%20Enforcement%20and%20Drug%20Price.pdf>.

While it may be politically popular to have DEA Regional Enforcement Teams making street-level busts in middle-America, it does not reduce supply or demand and produces only a temporary increase in the "cost of doing business" and a substantially longer-term increase in the federal prison population. Likewise, Foreign Assistance Support Teams (FAST) in places like Afghanistan have allowed DEA to claim a role in the war on terrorism and a share of the new budget dollars devoted to all-things counter-terrorism. However, since very little Southwest Asian heroin ever reaches America, the efforts of these FAST teams would have no impact on the availability of drugs in the U.S.

²⁷² Steve Chapman, "In the Drug War, Drugs Are Winning," Reason.Com (March 29, 2010). <http://reason.com/archives/2010/03/29/in-the-drug-war-drugs-are-winn>. "Iran has a repressive theocratic regime that imposes severe penalties for using and selling drugs—including death by hanging. Yet it has one of the highest rates of addiction in the world." Ibid.

²⁷³ A survey of 17 countries published in 2008, found that despite its punitive drug policies the United States continues to have the highest levels of illegal cocaine and cannabis use. The study, by Louisa Degenhardt (University of New South Wales, Sydney, Australia) and colleagues, is based on the World Health Organization's Composite International Diagnostic Interview (CIDI). "United States Has Highest Level Of Illegal Cocaine And Cannabis Use," *Science Daily* (June 30, 2008). <http://www.sciencedaily.com/releases/2008/06/080630201007.htm>. The authors found that 16.2% of people in the United States had used cocaine in their lifetime, a level much higher than any other country surveyed (the second highest level of cocaine use was in New Zealand,

where 4.3% of people reported having used cocaine). Cannabis use was also highest in the U.S. (42.4%), followed by New Zealand (41.9%). The authors also concluded that drug use "does not appear to be simply related to drug policy, since countries with more stringent policies towards illegal drug use did not have lower levels of such drug use than countries with more liberal policies." For example, in the Netherlands, which has more liberal policies than the United States, 1.9% of people reported cocaine use and 19.8% reported cannabis use.

